



## Quality of Care in the SoonerCare Program

---

**Reporting Year 2017**

**Measurement Year 2016**

*Prepared for:*

***State of Oklahoma***

***Oklahoma Health Care Authority***

*March 2018*

***PHPG***

Oklahoma  
**HealthCare**  
Authority

## Table of Contents

<b>CHAPTER ONE: INTRODUCTION</b> .....	<b>1</b>
SOONERCARE DEMOGRAPHICS .....	4
<b>CHAPTER TWO: ACCESS/AVAILABILITY OF CARE</b> .....	<b>6</b>
ADULTS' ACCESS TO PREVENTIVE/AMBULATORY HEALTH SERVICES .....	7
CHILDREN & ADOLESCENTS' ACCESS TO PRIMARY CARE PHYSICIANS .....	8
<b>CHAPTER THREE: EFFECTIVENESS OF CARE</b> .....	<b>9</b>
ADULT BODY MASS INDEX (BMI) ASSESSMENT .....	10
BODY MASS INDEX (BMI) ASSESSMENT FOR CHILDREN & ADOLESCENTS .....	11
CHILDHOOD IMMUNIZATION STATUS .....	12
IMMUNIZATIONS FOR ADOLESCENTS .....	13
LEAD SCREENING IN CHILDREN .....	14
BREAST CANCER SCREENING .....	15
CERVICAL CANCER SCREENING .....	16
CHLAMYDIA SCREENING IN WOMEN .....	17
USE OF CONTRACEPTIVE METHODS BY WOMEN .....	18
DENTAL SEALANTS FOR 6-9 YEAR OLD CHILDREN AT ELEVATED CARIES RISK .....	19
USE OF APPROPRIATE MEDICATIONS FOR THE TREATMENT OF ASTHMA .....	20
MEDICATION MANAGEMENT FOR PEOPLE WITH ASTHMA .....	22
COMPREHENSIVE DIABETES CARE .....	23
DEVELOPMENTAL SCREENING IN THE FIRST THREE YEARS OF LIFE .....	25
FOLLOW-UP CARE FOR CHILDREN PRESCRIBED ADHD MEDICATION .....	26
FOLLOW-UP AFTER HOSPITALIZATION FOR MENTAL ILLNESS .....	27
FOLLOW-UP AFTER EMERGENCY DEPARTMENT VISIT FOR ALCOHOL AND OTHER DRUG DEPENDENCE .....	29
FOLLOW-UP AFTER EMERGENCY DEPARTMENT VISIT FOR MENTAL ILLNESS .....	30
ANNUAL MONITORING FOR PATIENTS ON PERSISTENT MEDICATIONS .....	31
USE OF MULTIPLE CONCURRENT ANTIPSYCHOTICS IN CHILDREN AND ADOLESCENTS .....	33
USE OF FIRST-LINE PSYCHOSOCIAL CARE IN CHILDREN AND ADOLESCENTS .....	34
USE OF OPIOIDS AT HIGH DOSAGE .....	35
INITIATION AND ENGAGEMENT OF ALCOHOL AND OTHER DRUG DEPENDENCE TREATMENT .....	36
<b>CHAPTER FOUR: UTILIZATION</b> .....	<b>37</b>
FREQUENCY OF ONGOING PRENATAL CARE .....	38
POSTPARTUM CARE RATE .....	40

PRENATAL & POSTPARTUM CARE: TIMELINESS OF PRENATAL CARE .....	41
CONTRACEPTIVE CARE – POSTPARTUM WOMEN .....	42
WELL-CHILD VISITS IN THE FIRST 15 MONTHS OF LIFE .....	43
WELL-CHILD VISITS IN THE 3RD, 4TH, 5TH & 6TH YEARS OF LIFE .....	43
ADOLESCENT WELL-CARE VISITS.....	43
AMBULATORY CARE .....	45
HOSPITAL ADMISSION RATES FOR PREVENTION QUALITY INDICATORS (PQI) .....	47
PLAN ALL-CAUSE READMISSION RATE .....	48

**APPENDIX A: 2016 COMPLIANCE RATE DEMOGRAPHICS**

## CHAPTER ONE: INTRODUCTION

The Oklahoma Health Care Authority (OHCA) is required to measure and report results annually on the quality of care provided to individuals enrolled in its Medicaid program, known as SoonerCare. This includes measures that are required or suggested by the Centers for Medicare and Medicaid Services (CMS). The OHCA also reports results to various stakeholders for additional measures selected from the Healthcare Effectiveness Data and Information Set (HEDIS®).

The Pacific Health Policy Group (PHPG) was retained by the OHCA in July 2017 to:

- Report results for the 2017 reporting year, which evaluates care provided in 2016;
- Analyze historical and demographic trends; and
- Compare the State’s results to national benchmarks.

Where provided, national averages refer to the national average for Medicaid HMOs. Results for measures included in this report were calculated using administrative data only, i.e., only adjudicated claims data, following the specifications developed by the National Committee for Quality Assurance (NCQA) and the Agency for Healthcare Research and Quality (AHRQ).

OHCA staff provided significant assistance to PHPG in ensuring appropriate application of measurement methods to Medicaid claims data. However, PHPG is solely responsible for the final results.

This report includes results for the following measures (organized by evaluation domain):

Domain	Subdomain (if applicable) / Measure
Access/Availability of Care	<ul style="list-style-type: none"><li>• Adults' Access to Preventive/Ambulatory Health Services (HEDIS)</li><li>• Children &amp; Adolescents' Access to Primary Care Physicians (HEDIS, CMS Child Core)</li></ul>

Domain	Subdomain (if applicable) / Measure
<b>Effectiveness of Care</b>	<p><b>Prevention and Screening</b></p> <ul style="list-style-type: none"> <li>• Adult Body Mass Index (BMI) Assessment (HEDIS, CMS Adult Core)</li> <li>• BMI Assessment for Children &amp; Adolescents (CMS Child Core)</li> <li>• Childhood Immunization Status (HEDIS, CMS Child Core)</li> <li>• Immunizations for Adolescents (HEDIS, CMS Child Core)</li> <li>• Lead Screening (HEDIS)</li> <li>• Breast Cancer Screening (HEDIS, CMS Adult Core)</li> <li>• Cervical Cancer Screening (HEDIS, CMS Adult Core)</li> <li>• Chlamydia Screening in Women (HEDIS, CMS Child Core, CMS Adult Core)</li> <li>• Contraceptive Use (CDC /OPA)</li> <li>• Dental Sealants for Children at Elevated Risk (DQA, CMS Child Core)</li> </ul>
<b>Effectiveness of Care (continued)</b>	<p><b>Respiratory Conditions</b></p> <ul style="list-style-type: none"> <li>• Use of Appropriate Medications for the Treatment of Asthma (HEDIS)</li> <li>• Medication Management for People with Asthma (HEDIS, CMS Child Core)</li> </ul> <p><b>Diabetes</b></p> <ul style="list-style-type: none"> <li>• Comprehensive Diabetes Care (HEDIS, CMS Adult Core)</li> </ul> <p><b>Behavioral Health</b></p> <ul style="list-style-type: none"> <li>• Developmental Screening in the First Three Years of Life (HEDIS, CMS Child Core)</li> <li>• Follow-Up Care for Children Prescribed ADHD Medication (HEDIS, CMS Child Core)</li> <li>• Follow-Up after Hospitalization for Mental Illness (HEDIS, CMS Child Core)</li> <li>• Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence (HEDIS, CMS Adult Core)</li> <li>• Follow-Up After Emergency Department Visit for Mental Illness (HEDIS, CMS Adult Core)</li> <li>• Use of Multiple Concurrent Antipsychotics in Children and Adolescents (HEDIS, CMS Child Core)</li> <li>• Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (HEDIS, CMS Child Core)</li> <li>• Use of Opioids at High Dosage (HEDIS, CMS Adult Core)</li> <li>• Initiation and Engagement of Alcohol and Drug Dependence Treatment (HEDIS, CMS Adult Core)</li> </ul> <p><b>Medication Management</b></p> <ul style="list-style-type: none"> <li>• Annual Monitoring for Patients on Persistent Medications (HEDIS, CMS Adult Core)</li> </ul>

Domain	Subdomain (if applicable) / Measure
<b>Utilization</b>	<p data-bbox="451 254 786 283"><b>Prenatal/Postpartum Care*</b></p> <ul data-bbox="464 300 1338 499" style="list-style-type: none"> <li data-bbox="464 300 1230 329">• Frequency of Ongoing Prenatal Care (HEDIS, CMS Child Core)</li> <li data-bbox="464 342 1068 371">• Postpartum Care Rate (HEDIS, CMS Adult Core)</li> <li data-bbox="464 384 1338 455">• Prenatal &amp; Postpartum Care: Timeliness of Prenatal Care (HEDIS, CMS Child Core)</li> <li data-bbox="464 468 1295 497">• Contraceptive Care – Postpartum Women (HEDIS, CMS Child Core)</li> </ul> <p data-bbox="451 510 662 539"><b>Well-Child Visits*</b></p> <ul data-bbox="464 552 1377 709" style="list-style-type: none"> <li data-bbox="464 552 1338 581">• Well-Child Visits in the First 15 Months of Life (HEDIS, CMS Child Core)</li> <li data-bbox="464 594 1377 665">• Well-Child Visits in the 3rd, 4th, 5th &amp; 6th Years of Life (HEDIS, CMS Child Core)</li> <li data-bbox="464 678 1127 707">• Adolescent Well-Care Visits (HEDIS, CMS Child Core)</li> </ul> <p data-bbox="451 720 699 749"><b>Hospital Utilization*</b></p> <ul data-bbox="464 762 1328 1045" style="list-style-type: none"> <li data-bbox="464 762 808 791">• Ambulatory Care (HEDIS)</li> <li data-bbox="464 804 1328 833">• Diabetes Short-term Complications Admission Rate (CMS Adult Core)</li> <li data-bbox="464 846 1328 917">• Chronic Obstructive Pulmonary Disease (COPD) Admission Rate (CMS Adult Core)</li> <li data-bbox="464 930 1273 959">• Congestive Heart Failure (CHF) Admission Rate (CMS Adult Core)</li> <li data-bbox="464 972 1214 1001">• Asthma in Younger Adults Admission Rate (CMS Adult Core)</li> <li data-bbox="464 1014 1203 1043">• Plan All-Cause Readmissions Rate (HEDIS, CMS Adult Core)</li> </ul> <p data-bbox="451 1056 1138 1085"><i>*Not official subdomains – for presentation purposes only.</i></p>

PHPG relied on a dataset consisting of eligibility, demographic, and both paid and denied medical and prescription drug claims incurred February 2011 through June 2016, with dates of payment through September 2017. PHPG previously had obtained the paid claims data through its engagement with the OHCA as the independent evaluator for the SoonerCare Health Management Program (HMP). As the NCQA and AHRQ specifications also require the review of denied claims, PHPG requested and received from the OHCA a dataset of denied claims with dates of service from January 2015 through June 2017.

PHPG followed NCQA and AHRQ specifications explicitly unless otherwise noted. In general where specifications required the member to be continuously enrolled for the entire year, the member was permitted to have one gap in enrollment of no more than 45 days. Similar to how OHCA has implemented this requirement in the past, PHPG applied these criteria by limiting those analyses to members with at least 320 days of eligibility during the year. If the member had multiple gaps in enrollment but all gaps totaled 45 days or less, the member was included.

Also similar to previous years' methodologies, members enrolled in a Home and Community-Based Services (HCBS) waiver were excluded from all measures (approximately 23,000 members), as additional

services would be available to these members that are not part of the traditional Medicaid benefit package and thus could confound results.

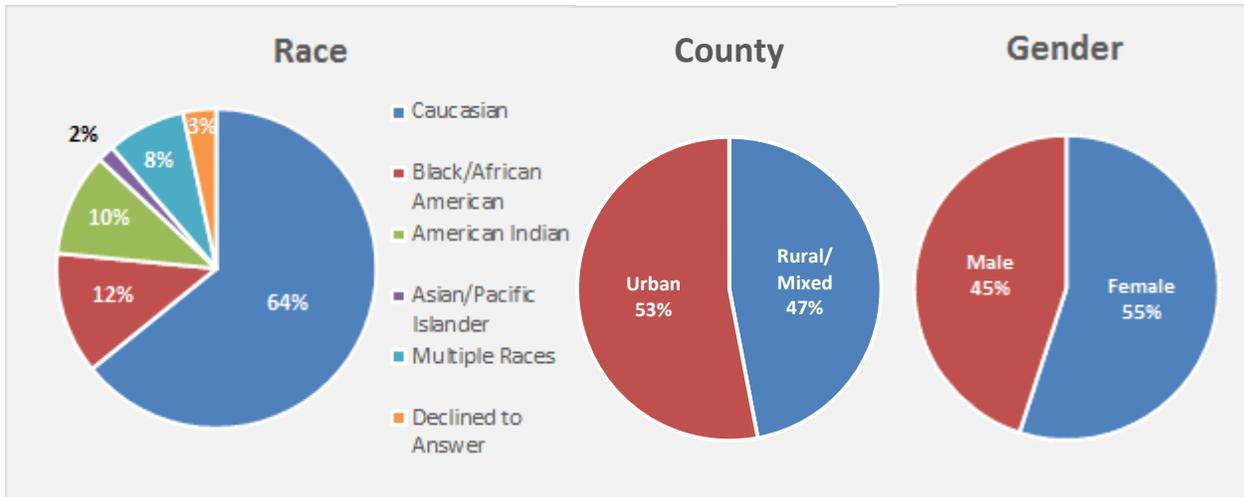
PHPG validated results for the 2017 reporting year by comparing to secondary sources (e.g., SoonerCare Annual Reports) and by analyzing results for the 2016 reporting year using 2017 methodologies and comparing to what OHCA reported previously. PHPG accordingly refined its methodologies as necessary and refined OHCA’s previous specifications where reasonable.

### SOONERCARE DEMOGRAPHICS

According to OHCA Enrollment Fast Facts for January 2017 (published February), there were over 819,000 individuals enrolled in SoonerCare. Approximately 65 percent of the enrollment was children (age 0-20) and 35 percent was adults. Approximately 67 percent was enrolled in the program’s patient centered medical home (PCMH) model known as SoonerCare Choice; another 29 percent was enrolled in the traditional fee-for-service (FFS) program; and the remaining four percent were enrolled in SoonerPlan, the State’s Medicaid-financed family planning program.



The racial breakdown of members includes 64 percent Caucasian, 12 percent Black/African American, 10 percent American Indian, two percent Asian or Pacific Islander, and eight percent multiple races (three percent did not provide a racial background). Approximately 17 percent of members also are of Hispanic origin, regardless of race. According to PHPG data, approximately 55 percent of members are female and 45 percent are male. Nearly 47 percent live in rural or semi-rural/urban (i.e., “mixed”) counties and 53 percent live in urban counties.



## CHAPTER TWO: ACCESS/AVAILABILITY OF CARE

For 2017, Oklahoma selected two measures to report related to access and availability of care. These measures were reported according to NCQA/HEDIS specifications.

Measure	HEDIS	CMS Child Core	CMS Adult Core
Adults' Access to Preventive/Ambulatory Health Services	✓		
Children & Adolescents' Access to Primary Care Physicians	✓	✓	

Beginning on the following page, PHPG presents, by measure, the results from the current (2016) and previous (2015) measurement years, as well as a comparison to national benchmark data, where available. The benchmark is the national Medicaid HMO for 2016, as reported by NCQA in “The State of Health Quality – 2017”.

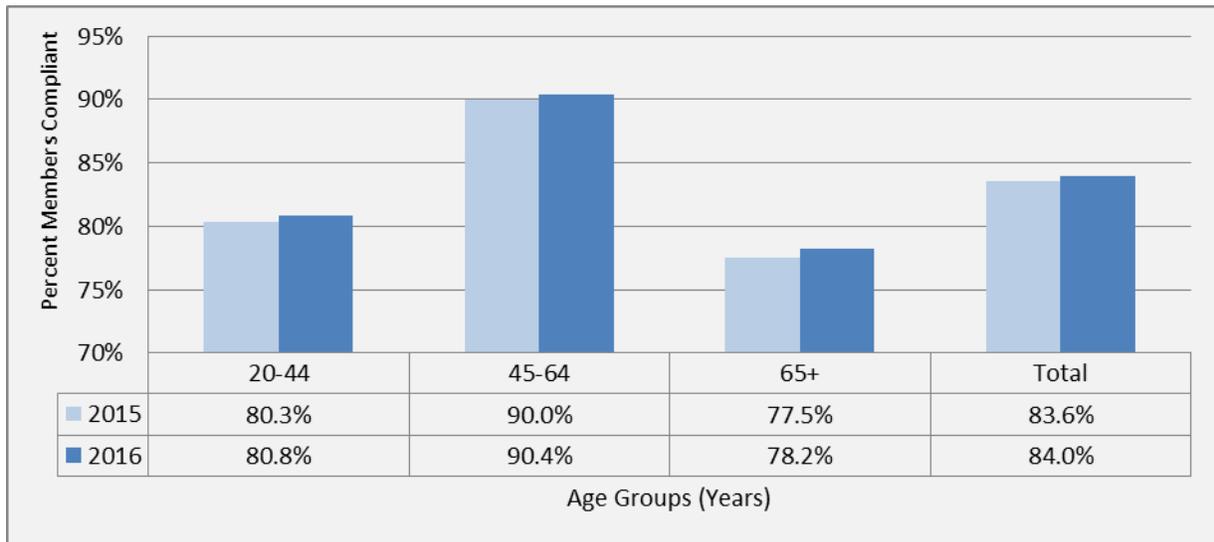
## ADULTS' ACCESS TO PREVENTIVE/AMBULATORY HEALTH SERVICES

This measure calculates the percentage of members 20 years and older who had an ambulatory or preventive care visit during the measurement year.

The overall compliance rate in 2016 for members was 84.0 percent, up four tenths of a percent from 2015.

Exhibit 1 displays compliance rates by age group for 2015 and 2016.

**Exhibit 1 – Adults with at least One Ambulatory or Preventive Care Visit**



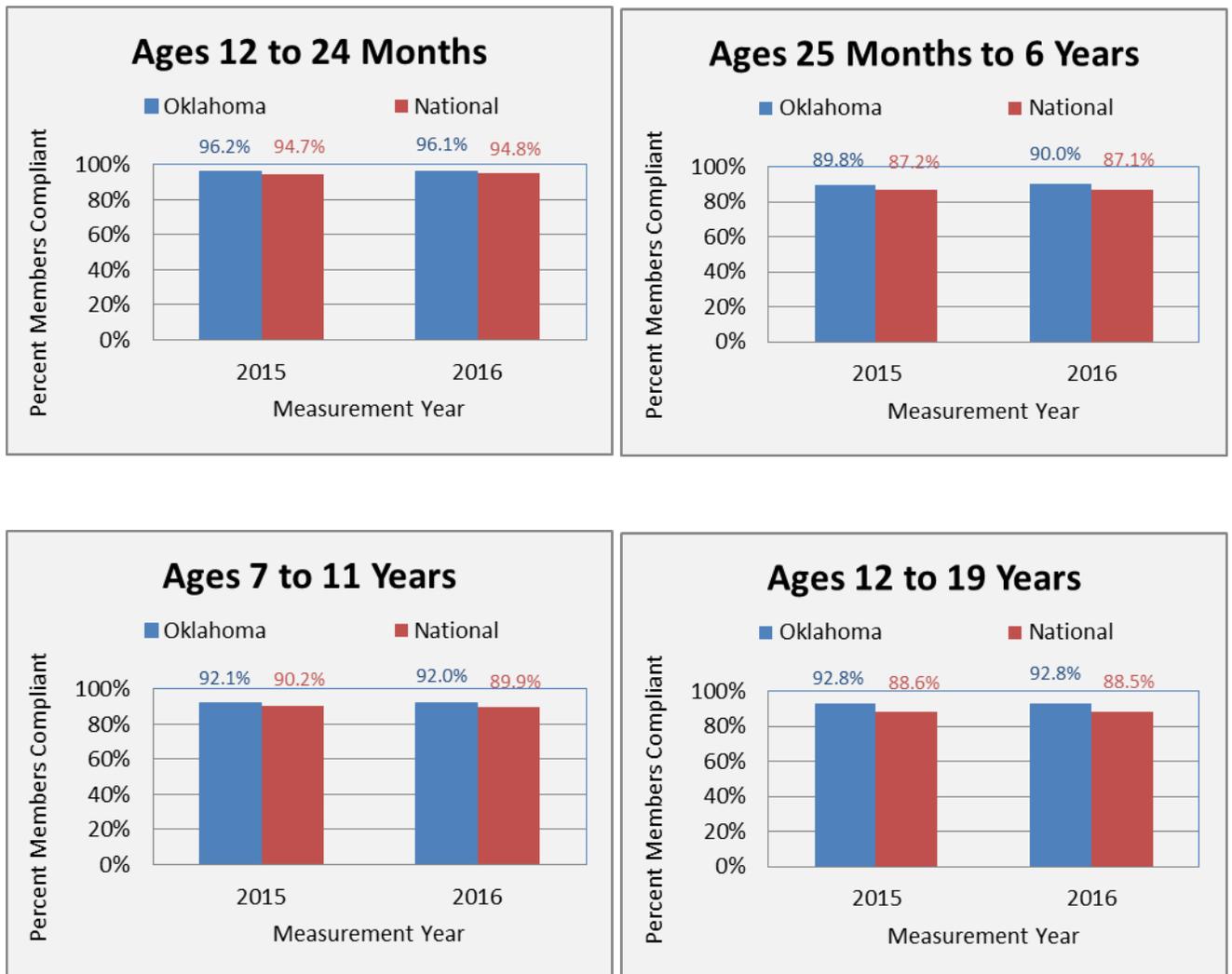
## CHILDREN & ADOLESCENTS' ACCESS TO PRIMARY CARE PHYSICIANS

This measure calculates the percentage of children ages 12 months to 19 years old who visited a primary care practitioner (PCP) during the measurement year, or if seven years or older, in the measurement year or year prior.

Age group 25 months to 6 years saw a marginal increase of one tenth of percent in 2016. Age group 12 to 19 years remained at the same level and the other two age groupings dropped by one tenth of a percent in 2016. Oklahoma rates were above the national average. All compliance rates were equal to or greater than 89 percent.

Exhibit 2 displays compliance rates by age group for 2015 and 2016.

*Exhibit 2 - Children & Adolescents' Visiting a Primary Care Practitioner*



## CHAPTER THREE: EFFECTIVENESS OF CARE

For 2017, Oklahoma selected 23 measures to report related to effectiveness of care. 21 measures were reported according to NCQA/HEDIS specifications. Measures selected within this domain determine effectiveness of care related to prevention and screening (ten measures), respiratory conditions (two measures), diabetes (one measure), behavioral health (nine measures), and medication management (one measure).

Measure	HEDIS	CMS CHILD CORE	CMS ADULT CORE
<b>Prevention and Screening</b>			
Adult Body Mass Index (BMI) Assessment	✓		✓
BMI Assessment for Children & Adolescents	✓	✓	
Childhood Immunization Status	✓	✓	
Immunizations for Adolescents	✓	✓	
Lead Screening	✓	✓	
Breast Cancer Screening	✓		✓
Cervical Cancer Screening	✓		✓
Chlamydia Screening in Women	✓	✓	✓
Contraceptive Use			
Dental Sealants for Children at Elevated Risk		✓	
<b>Respiratory Conditions</b>			
Use of Appropriate Medications for the Treatment of Asthma	✓		
Medication Management for People with Asthma	✓	✓	
<b>Diabetes</b>			
Comprehensive Diabetes Care	✓		✓
<b>Behavioral Health</b>			
Developmental Screening in the First Three Years of Life	✓	✓	
Follow-Up Care for Children Prescribed ADHD Medication	✓	✓	
Follow-Up after Hospitalization for Mental Illness	✓	✓	
Follow-Up after Emergency Department Visit for Alcohol and Other Drug Dependence	✓		✓
Follow-Up after Emergency Department Visit for Mental Illness	✓		✓
Use of Multiple Concurrent Antipsychotics in Children and Adolescents	✓	✓	
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics	✓	✓	
Use of Opioids at High Dosage	✓		✓
Initiation and Engagement of Alcohol and Drug Dependence Treatment	✓		✓
<b>Medication Management</b>			
Annual Monitoring for Patients on Persistent Medications	✓		✓

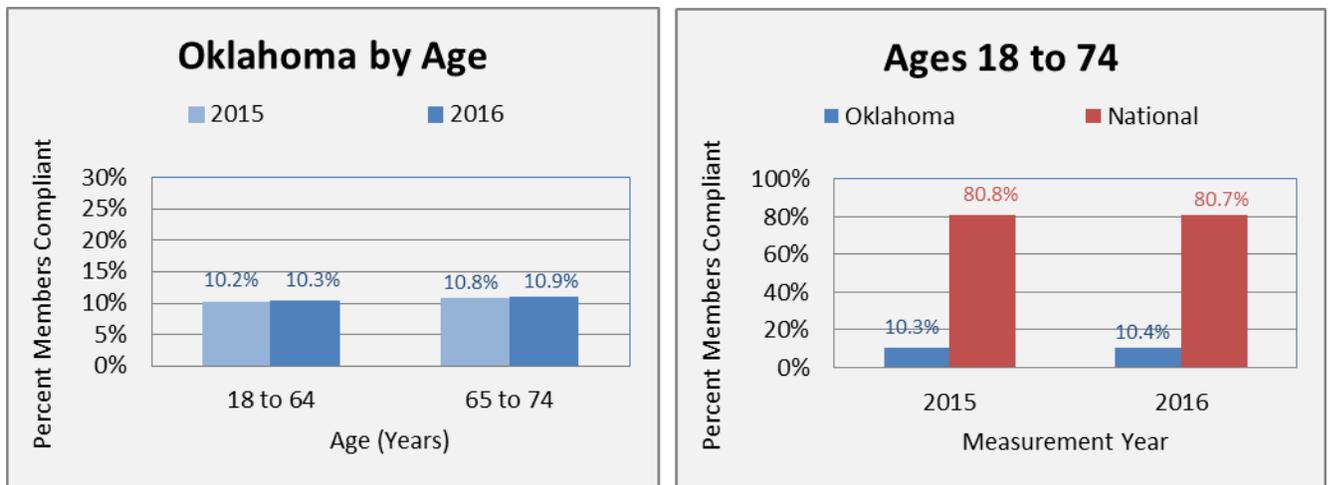
## ADULT BODY MASS INDEX (BMI) ASSESSMENT

This measure calculates the percentage of adults ages 18 to 74 years old who had an outpatient visit where BMI was documented, either during the measurement year or year prior to the measurement year. Female members were excluded from the measure if they were pregnant during this time period.

In 2016, 10.4% of the adult population received a BMI assessment, well below the national average. Compliance rates were slightly higher for adults 65 years and older.

Exhibit 3 displays compliance rates for 2015 and 2016, both by age groups (see left) and for all ages 18 to 74 years (see right).

*Exhibit 3 – Adults BMI Documented*



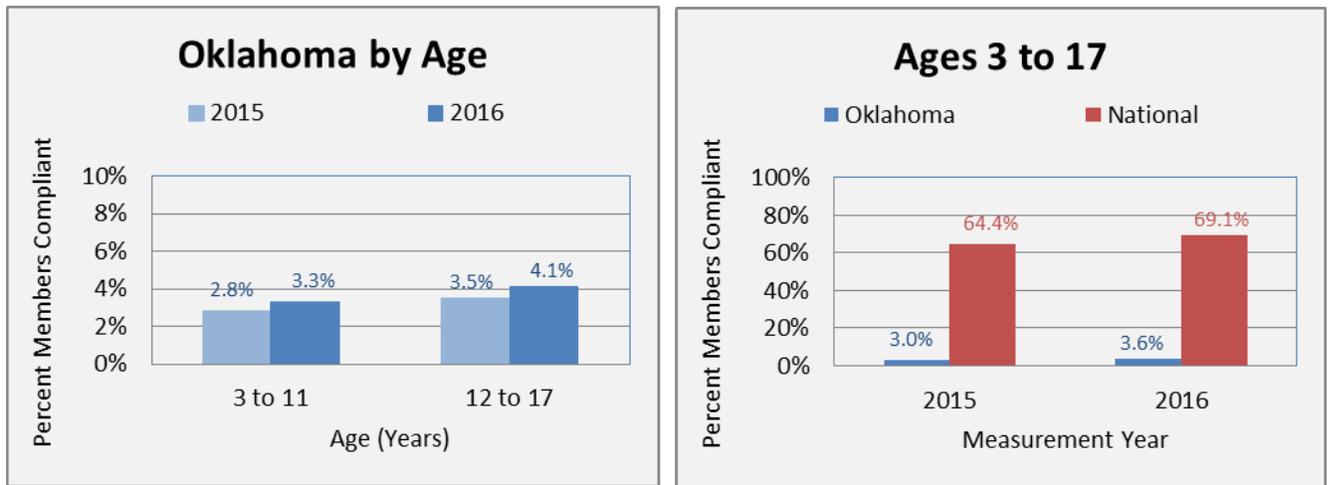
## BODY MASS INDEX (BMI) ASSESSMENT FOR CHILDREN & ADOLESCENTS

This measure calculates the percentage of children ages 3 to 17 years old that had an outpatient visit with a PCP or OB/GYN during the measurement year and whose weight was classified based on body mass index percentile for age and gender. Female members were excluded from the measure if they were pregnant during this time period.

Compliance rates for the population of children ages 17 years and younger increased from 2015 to 2016 by six tenths of a percent. Despite the increase the rates were still well below the national average.

Exhibit 4 displays compliance rates for 2015 and 2016 by age group, and compared to the national average overall.

*Exhibit 4 – Children and Adolescents Receiving a BMI Assessment*



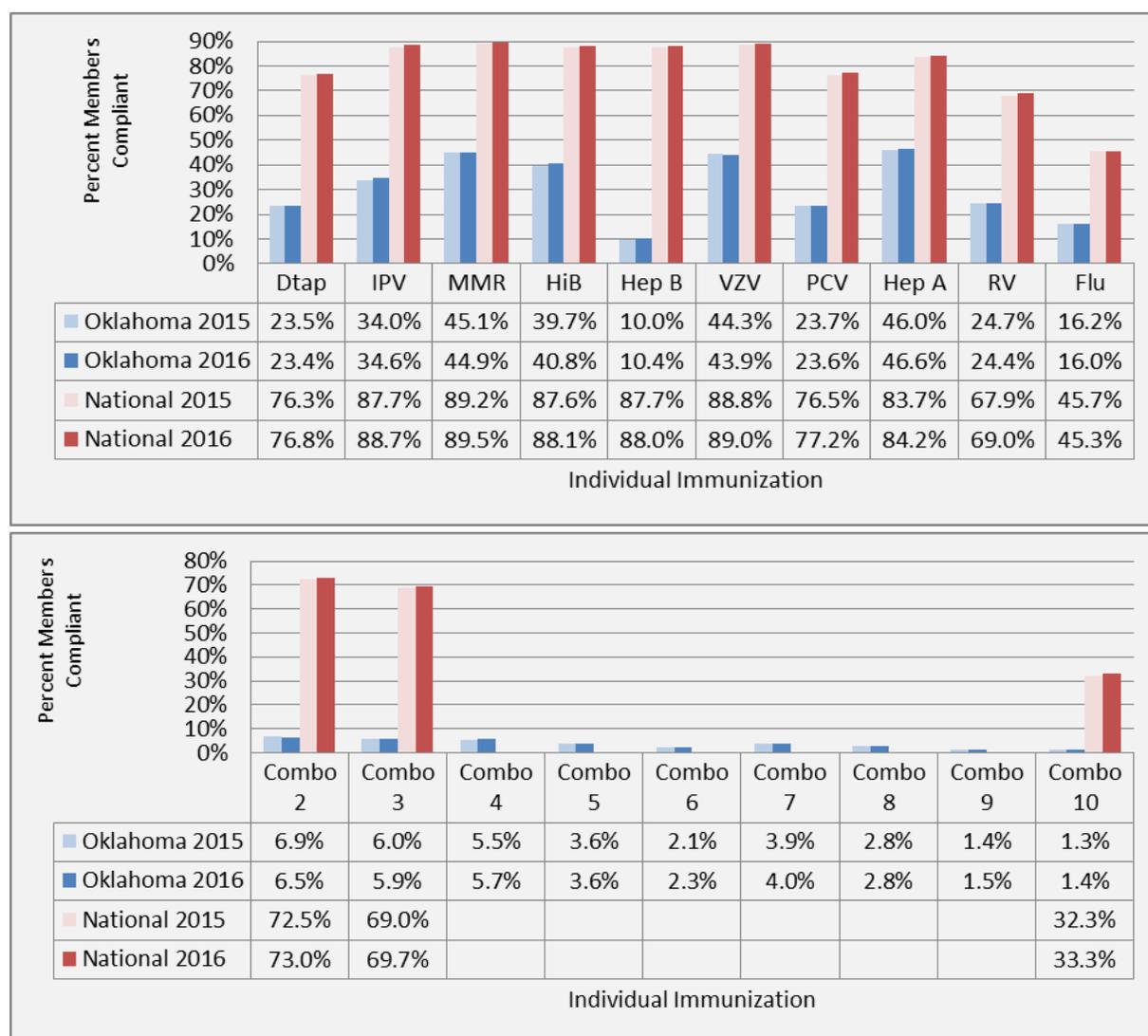
## CHILDHOOD IMMUNIZATION STATUS

This measure calculates the percentage of children two years old receiving certain vaccines by their second birthday. Children were excluded from the measure if their claims history indicated an adverse reaction or contraindication to a vaccine prior to their second birthday.

Compliance rates across half of the categories displayed marginal increases while the other half of the categories saw marginal decreases in 2016 from 2015. Rates were below national averages.

Exhibit 5 displays compliance rates for individual immunizations, as well as combinations. National averages were not available for combinations four through nine.

*Exhibit 5 – Children Receiving Immunizations before Second Birthday*



## IMMUNIZATIONS FOR ADOLESCENTS

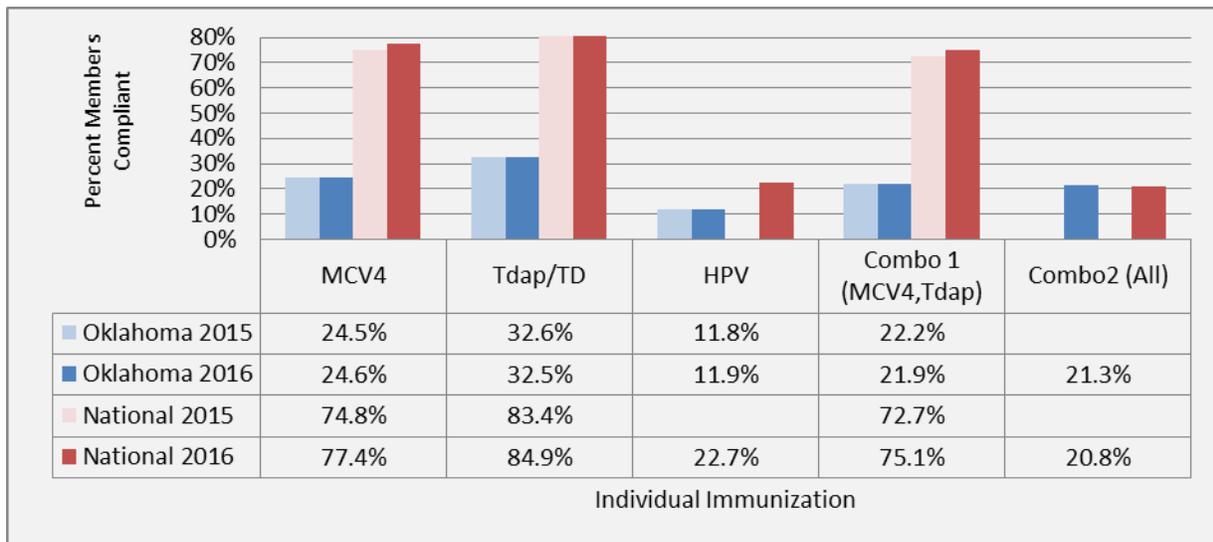
This measure calculates the percentage of adolescents turning 13 years old during the measurement year who had specific vaccines by their thirteenth birthday. Adolescents were excluded from the measure if their claims history indicated an adverse reaction or contraindication to a vaccine prior to their thirteenth birthday.

In 2015, HPV was a stand-alone measure but going forward is combined into the Immunizations for Adolescents measure.

In 2016 compliance rates increased marginally for Meningococcal (MCV4) and HPV while dropping slightly in the other categories. Oklahoma rates are slightly above national average for combination 2 but still below national averages for all other categories. National averages for HPV were not present and Combo 2 is a new addition for this year.

Exhibit 6 displays compliance rates for MCV4, Tdap/Td, and HPV vaccines separately, as well as adolescents receiving possible combinations.

**Exhibit 6 – Adolescents Receiving Immunizations before Thirteenth Birthday**



## LEAD SCREENING IN CHILDREN

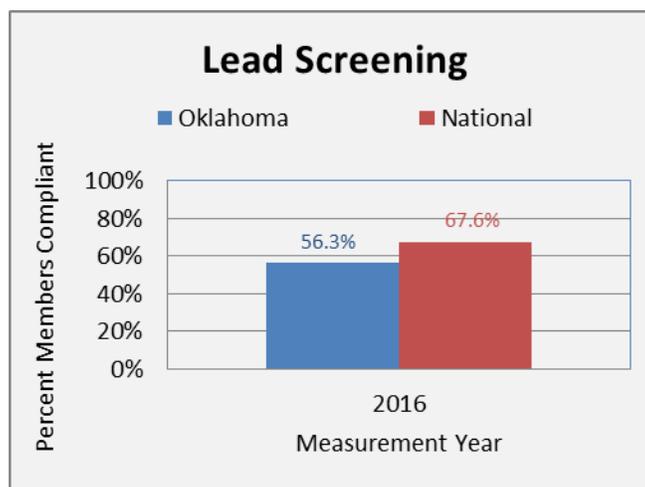
This measure calculates the percentage of children 2 years of age that had one or more lead screening tests performed by their second birthday.

This is the first year to report this measure.

The 2016 compliance rate was 56.3% which is below the national average.

Exhibit 7 displays the compliance rate in 2016.

*Exhibit 7 – Lead Screening in Children*



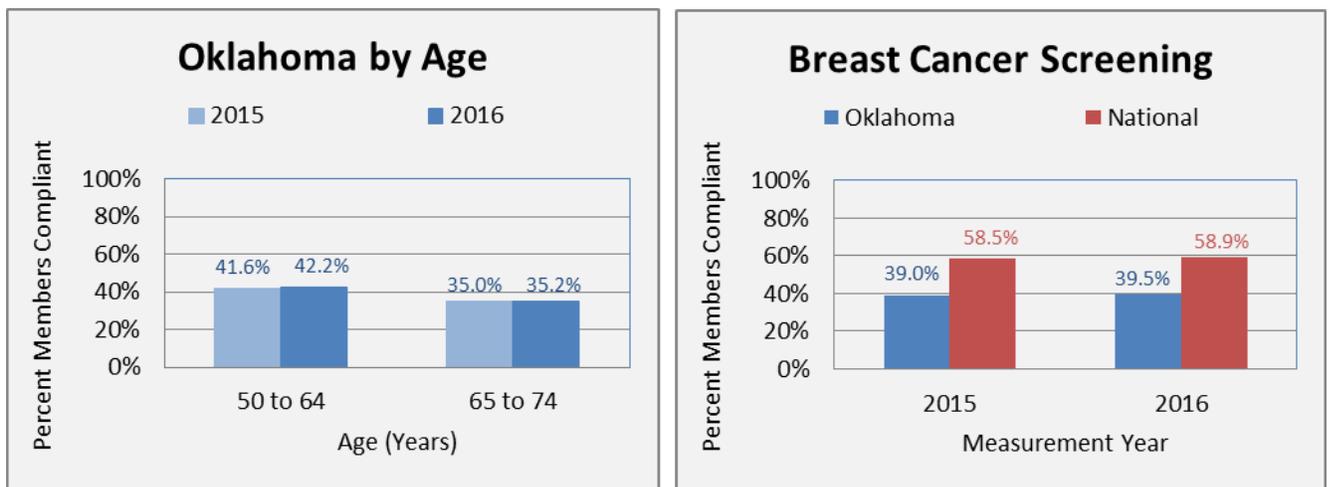
## BREAST CANCER SCREENING

This measure calculates the percentage of women ages 50 to 74 who had a mammogram to screen for breast cancer during the measurement year. Women were excluded from this measure if they had a bilateral mastectomy performed previously.

The compliance rate in 2016 was slightly higher than 2015 by five tenths of a percent. Oklahoma compliance rates were below national averages.

Exhibit 8 displays compliance rates for 2015 and 2016.

*Exhibit 8 – Women Receiving Breast Cancer Screening*



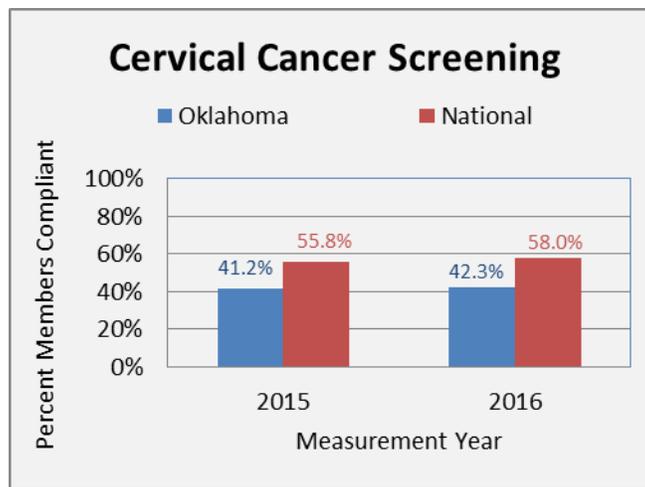
## CERVICAL CANCER SCREENING

This measure calculates the percentage of women ages 21 to 64 years old who either (a) had cervical cytology performed every three years or (b) had a cervical cytology/HPV co-testing every five years. Women were excluded from this measure if they previously had a hysterectomy with no residual cervix.

The compliance rate in 2016 increased one percent from the 2015 rate which is below the national average rate.

Exhibit 9 displays compliance rates for 2015 and 2016.

*Exhibit 9 – Women Receiving a Cervical Cancer Screening*



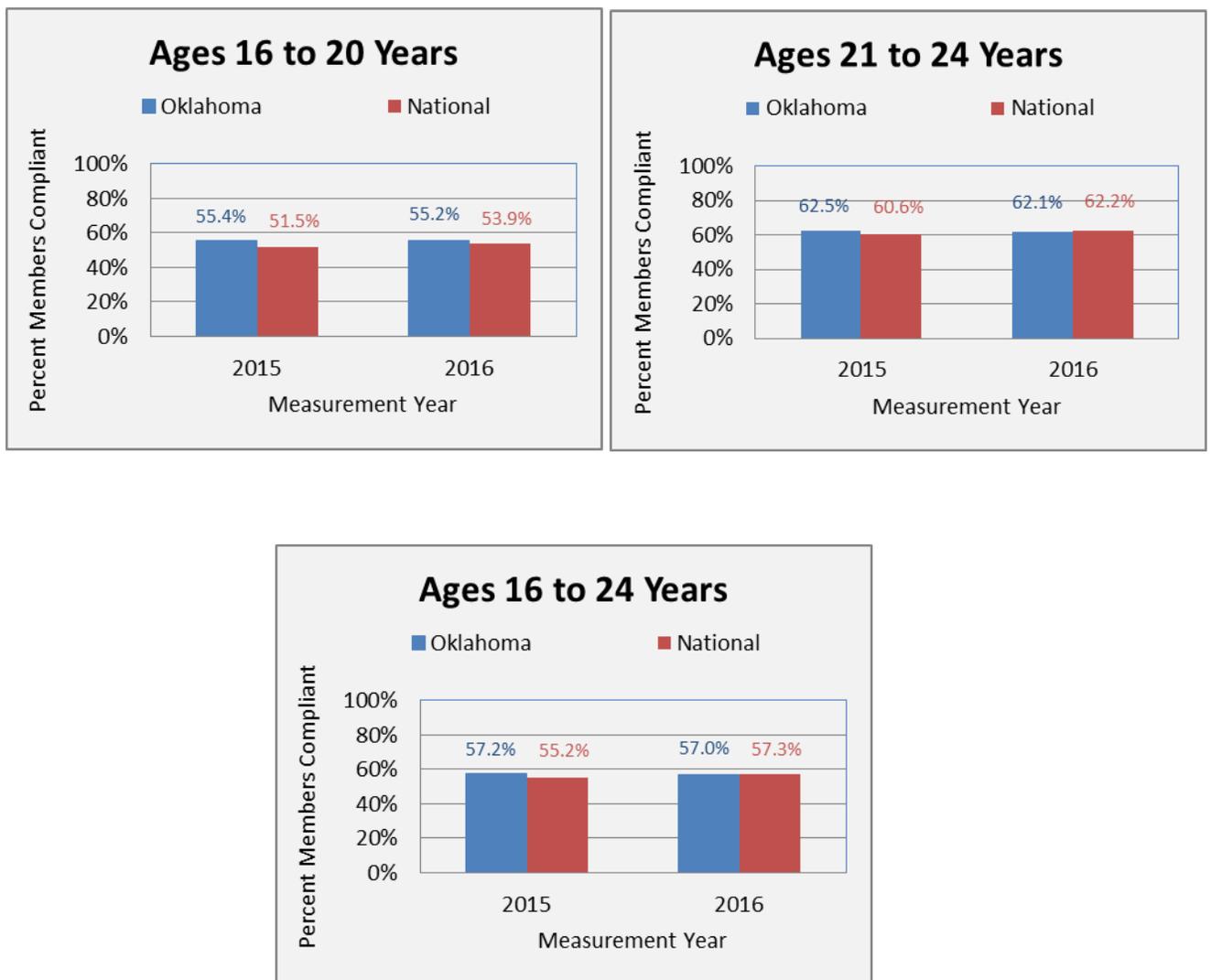
## CHLAMYDIA SCREENING IN WOMEN

This measure calculates the percentage of women ages 16 to 24 years old who were sexually active (e.g., received a contraceptive prescription or pregnancy test) and had at least one test for Chlamydia during the measurement year.

The compliance rate in 2016 decreased marginally from 2015. Oklahoma remains ahead of national average for ages 16 to 20 and slightly below overall.

Exhibit 10 displays compliance rates for 2015 and 2016 by age group.

*Exhibit 10 – Women Receiving a Chlamydia Test*



## USE OF CONTRACEPTIVE METHODS BY WOMEN

This measure calculates the percentage of women 15-44 that adopted or continued use of the most effective or moderately effective FDA-approved methods of contraception, or adopted or continued use of a long-acting reversible method of contraception (LARC).

The measure is limited by the fact that it is not currently possible to identify all women at risk for pregnancy because there are no codes for a woman’s pregnancy intention or history of sexual activity. In addition, both sterilization and LARC are long-lasting but there is no systematic record of receipt of sterilization or LARC in the year(s) preceding the measurement year. The measure suggests using two different surveys (The National Survey of Family Growth and The Youth Risk Behavior Survey) as a means to understand the results but does not offer specifics on how to interpret these surveys in regards to the results.

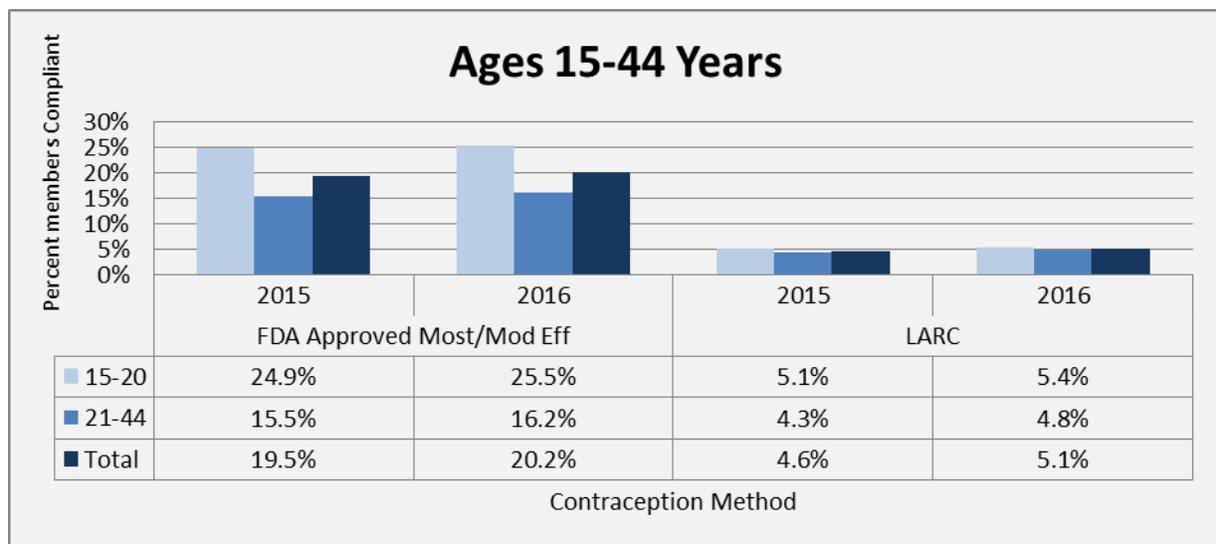
The results are broken into two categories, most/moderate effective FDA approved contraception and LARC and by two different age groups.

Continuous enrollment was not checked for prior iterations of this report. For this iteration and going forward, member must have continuous enrollment to be included in this measure. Prior year results were recalculated for the change in continuous enrollment requirement.

Both categories had a slight increase in 2016 over the 2015 rates.

Exhibit 11 displays the compliance rates for 2016.

*Exhibit 11 – FDA Approved Most/Moderate Effective and LARC contraception*



## DENTAL SEALANTS FOR 6-9 YEAR OLD CHILDREN AT ELEVATED CARIES RISK

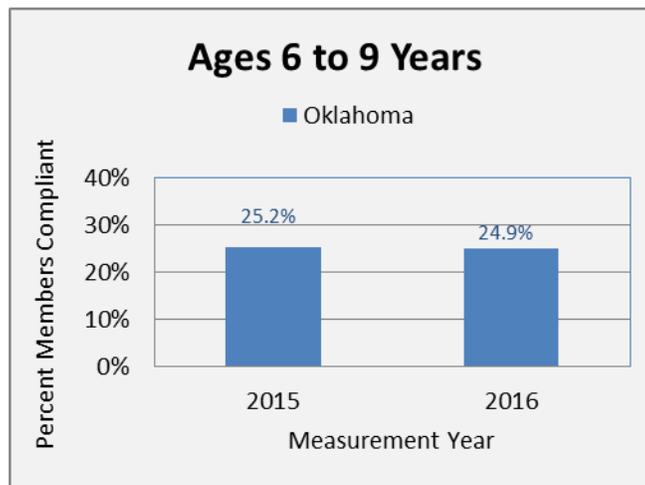
This measure calculates the percentage of enrolled children ages 6 to 9 at elevated risk of dental caries (i.e. “moderate” or “high” risk) who received a sealant on a permanent first molar tooth within the measurement year.

The specifications of this measure required data that is not currently available (i.e. tooth identification or NUCC provider taxonomy codes). The findings are based solely on the presence of CDT codes. Due to this, the results are not as specific as the measure was designed.

Other limitations of this measure is the proposed methods do not delineate those whose teeth have not erupted, those who have already received sealants in prior years, and those with decay/filled teeth not candidates for sealants. In addition, some of the endodontic codes included to identify children at elevated risk may also be reported for instances such as trauma and may contribute to slight overestimation of children at “elevated” risk.

For 2016 there was a slight decrease from the 2015 rate.

*Exhibit 12 – Dental Sealants for Children at Elevated Risk*



## USE OF APPROPRIATE MEDICATIONS FOR THE TREATMENT OF ASTHMA

The measure calculates the percentage of members ages five to 64 years old who were diagnosed with persistent asthma during the measurement year and received an asthma controller medication.

Members with persistent asthma were identified by having either:

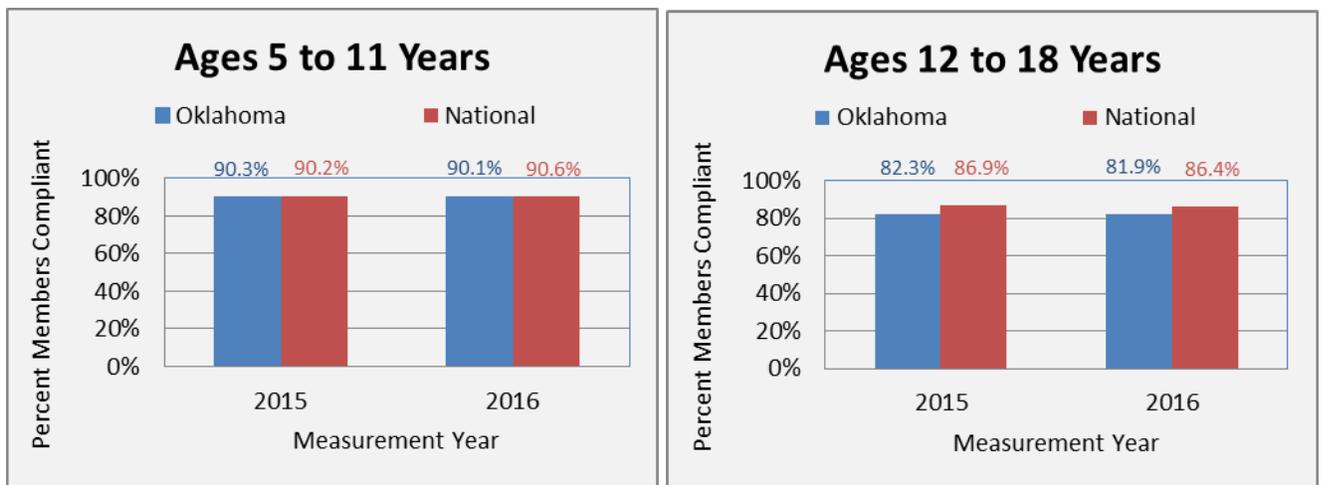
- An inpatient or emergency department visit with a primary diagnosis of asthma;
- At least four outpatient visits with a diagnosis of asthma *and* at least two asthma controller prescriptions; or
- At least four asthma controller prescriptions *and* at least one asthma diagnosis (any claim type).

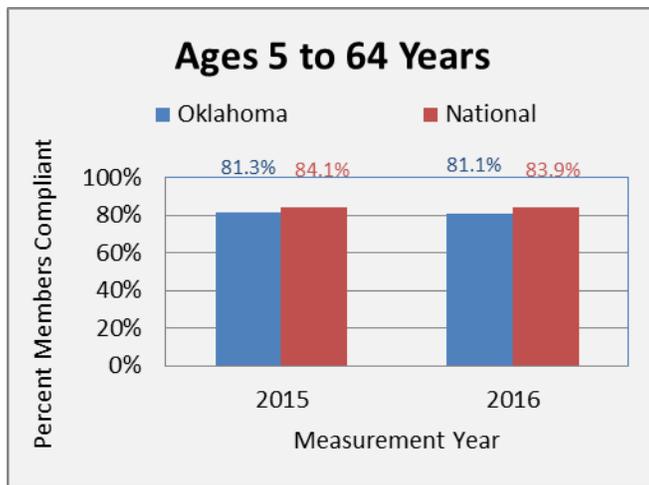
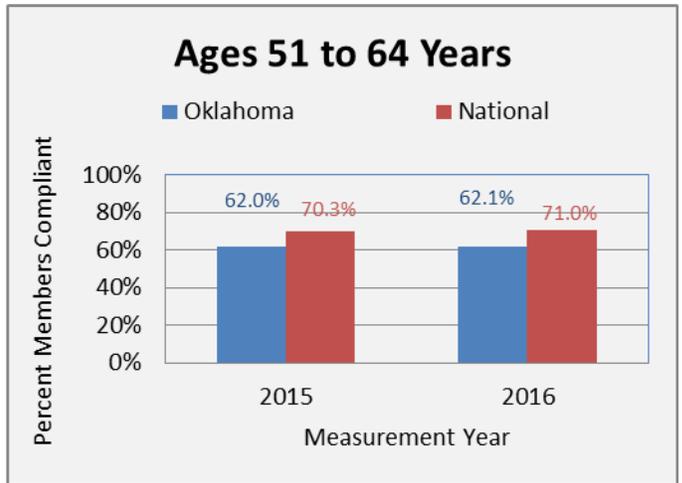
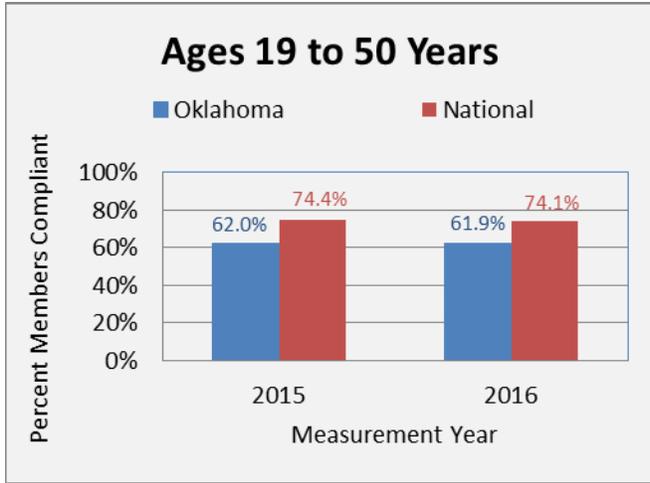
Members were excluded from the analysis if their claims history showed a diagnosis of chronic obstructive pulmonary disease (COPD), emphysema, obstructive chronic bronchitis, cystic fibrosis, or acute respiratory failure.

Overall, the population saw a slight decrease in compliance rates from 2015 to 2016. The 5-11 age grouping continued to show the highest compliance rate. Compliance rates diminish for the older age groupings. National averages were slightly higher than Oklahoma rates.

Exhibit 13 displays compliance rates compared to national averages for 2015 and 2016 measurement years.

*Exhibit 13 – Members with Asthma Receiving Medication*





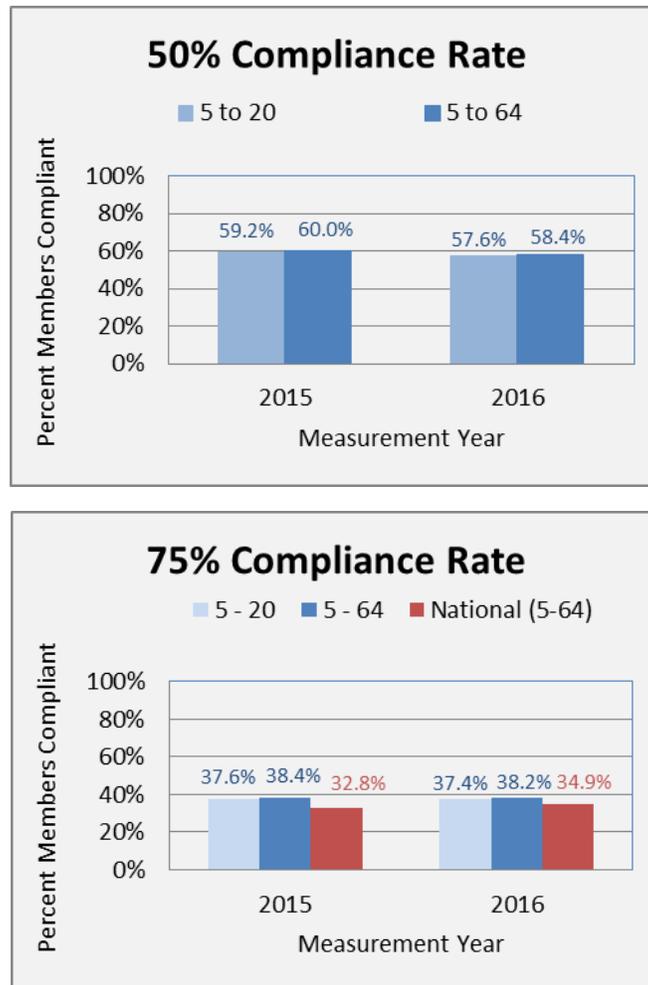
## MEDICATION MANAGEMENT FOR PEOPLE WITH ASTHMA

This measure calculates the percentage of members receiving at least one asthma medication (see previous measure) who had an active prescription for an asthma controller medication for at least 50 percent (50 percent compliance rate) or at least 75 percent (75 percent compliance rate) of the year, starting with the first date of receiving such a prescription.

2016 had a slight decrease in the 50% compliance rate from 2015 in both age groupings. The 75% compliance rate also had a slight decrease in both age groupings while national averages increased.

Exhibit 14 displays compliance rates by age group and compared to national averages. National averages were available only for the overall group at 75% compliance.

**Exhibit 14 - Members with Persistent Asthma Remaining on an Asthma Controller**



## COMPREHENSIVE DIABETES CARE

This measure calculates the percentage of members with diabetes who, during the measurement year, received an HbA1c test (Exhibit 15), retinal eye exam (Exhibit 16), LDL-C screening (Exhibit 17), and medical attention for nephropathy (Exhibit 18). Members with diabetes were identified in one of the following two ways:

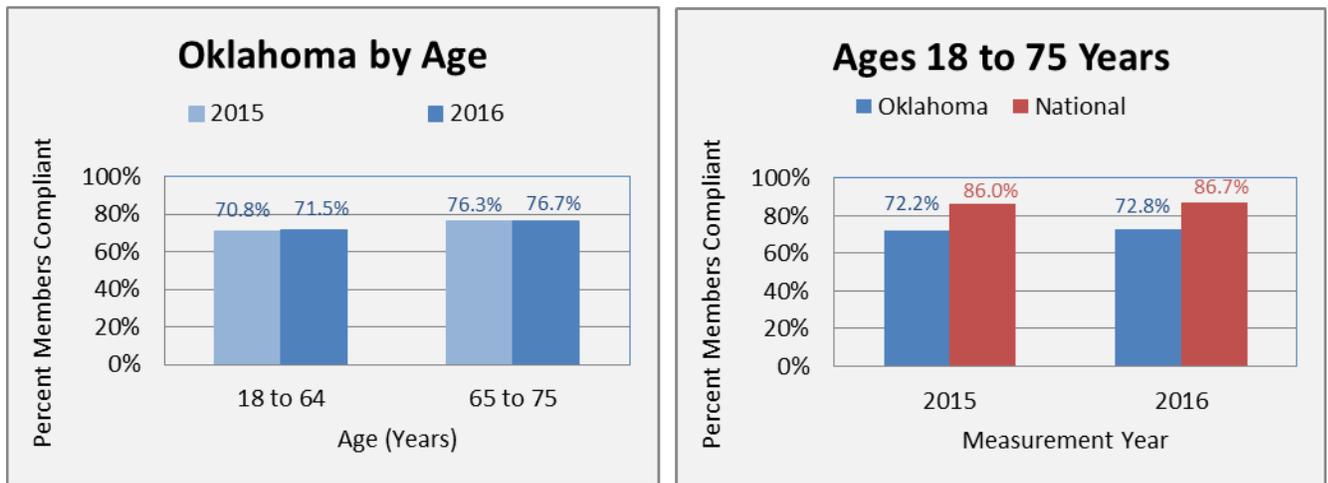
- Medical claims data – Members who, during either the measurement year or year prior, had at least two outpatient or non-acute encounters, one inpatient encounter, or one emergency department encounter with a diagnosis of diabetes.
- Pharmacy claims data – Members who were given an insulin or hypoglycemic/antihyperglycemic during the measurement year or year prior.

The LDL-C screening indicator was retired from the NCQA HEDIS guidelines. The numbers generated in this report were based on the criteria available for 2013.

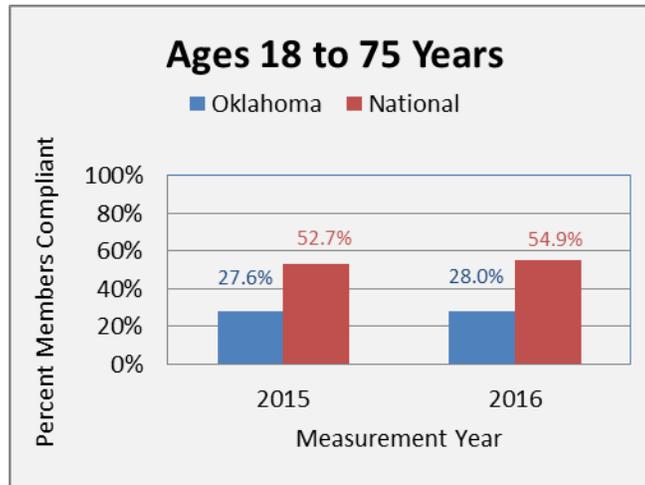
All diabetes measures in 2016 increased compliance from 2015. The largest increases were in HbA1c testing and medical attention for nephropathy.

Exhibits 15 through 18 displays 2015 and 2016 compliance rates, including by age group where applicable, compared to national averages where available.

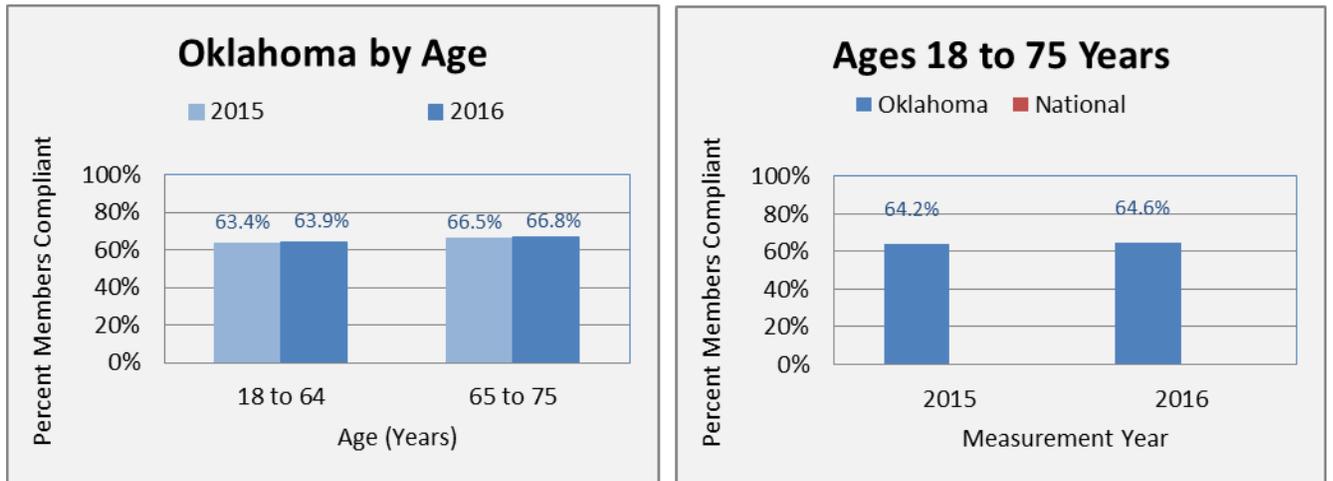
*Exhibit 15 – Members with Diabetes, HbA1c Testing*



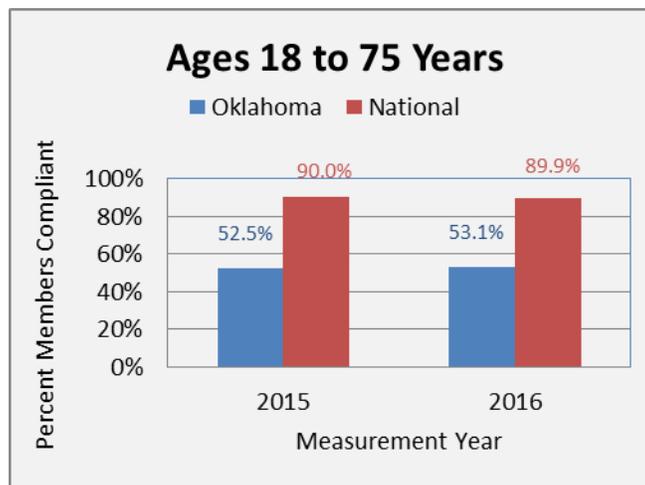
**Exhibit 16 – Members with Diabetes, Eye Exams (Retinal)**



**Exhibit 17 – Members with Diabetes, LDL-C Screening**



**Exhibit 18 - Members with Diabetes, Medical Attention for Nephropathy**



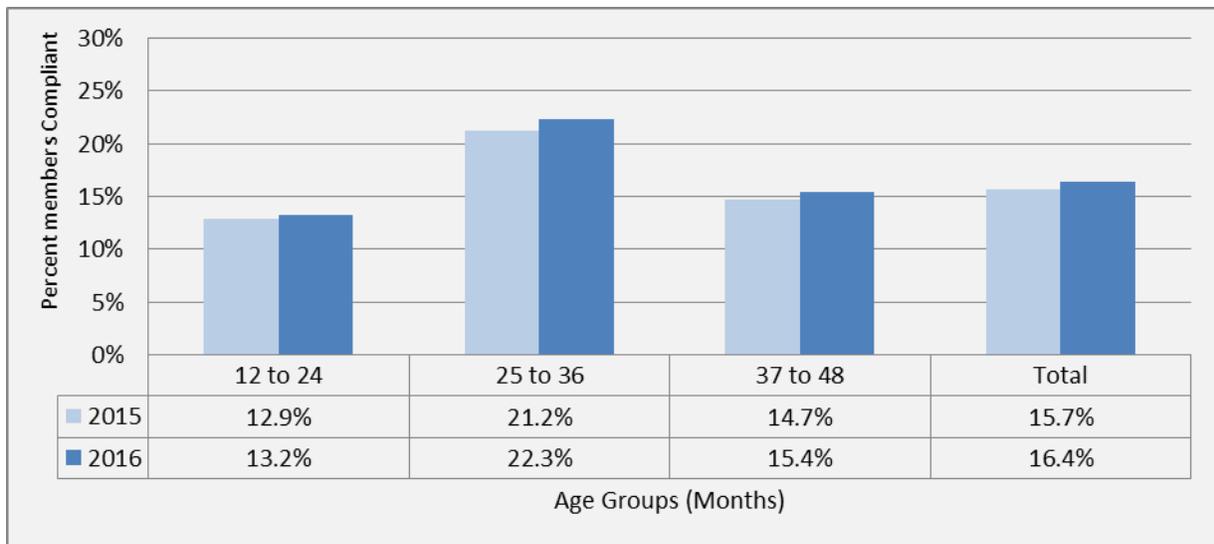
## DEVELOPMENTAL SCREENING IN THE FIRST THREE YEARS OF LIFE

This measure calculates the percentage of children screened for risk of developmental, behavioral, and social delays using a standardized screening tool in the 12 months preceding first, second or third birthday.

The 2016 compliance rates increased in all age ranges compared to the 2015 rates. The largest increase was in the second year of life.

Exhibit 19 displays compliance rates for 2015 and 2016. National benchmark data was not available for this measure.

*Exhibit 19 – Children Receiving a Development Screening in the First Three Years of Life*



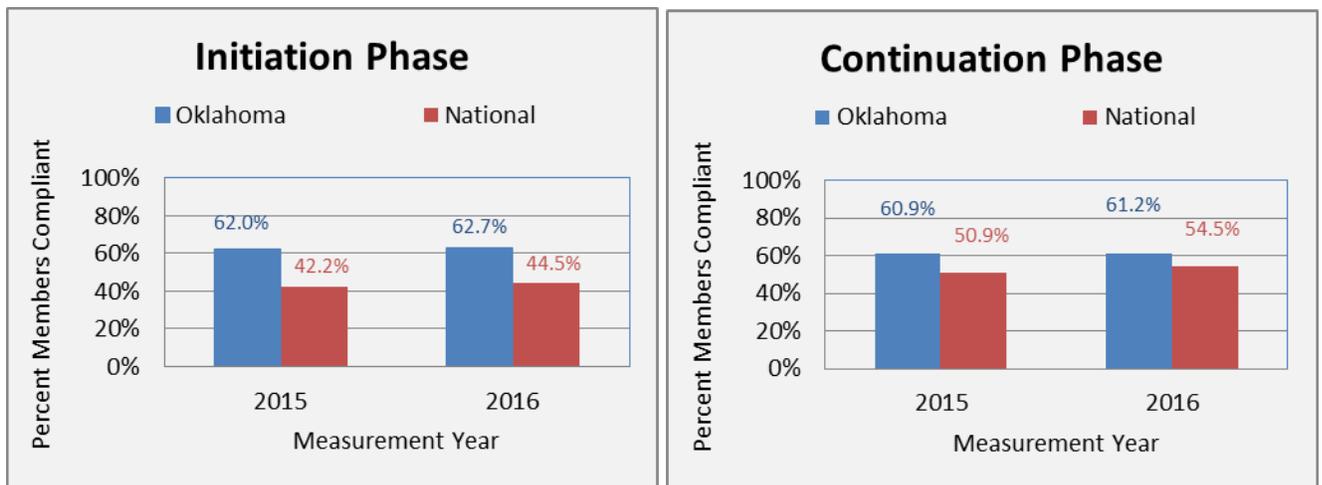
## FOLLOW-UP CARE FOR CHILDREN PRESCRIBED ADHD MEDICATION

This measure calculates the percentage of children six to 12 years old given a prescription for attention deficit and hyperactivity disorder (ADHD) who had a follow up visit with a practitioner within 30 days (Initiation Phase), and at least two visits with a practitioner during days 31 through 300 (Continuation Phase). Prescription dispensing events were excluded if the child had an ADHD prescription dispensed during the previous 30 days, or had an active prescription on the date of the dispensing event. Follow up visits were defined as an outpatient visit, intensive outpatient, or partial hospitalization with a practitioner with prescribing authority.

The 2016 compliance rates slightly increased in both phases compared to the 2015 rates. The Oklahoma rates are still considerably above national averages.

Exhibit 20 below presents compliance rates by phase compared to national averages for 2015 and 2016 measurement years.

*Exhibit 20 – Children Receiving Follow Up Visits after Being Prescribed ADHD Medication*



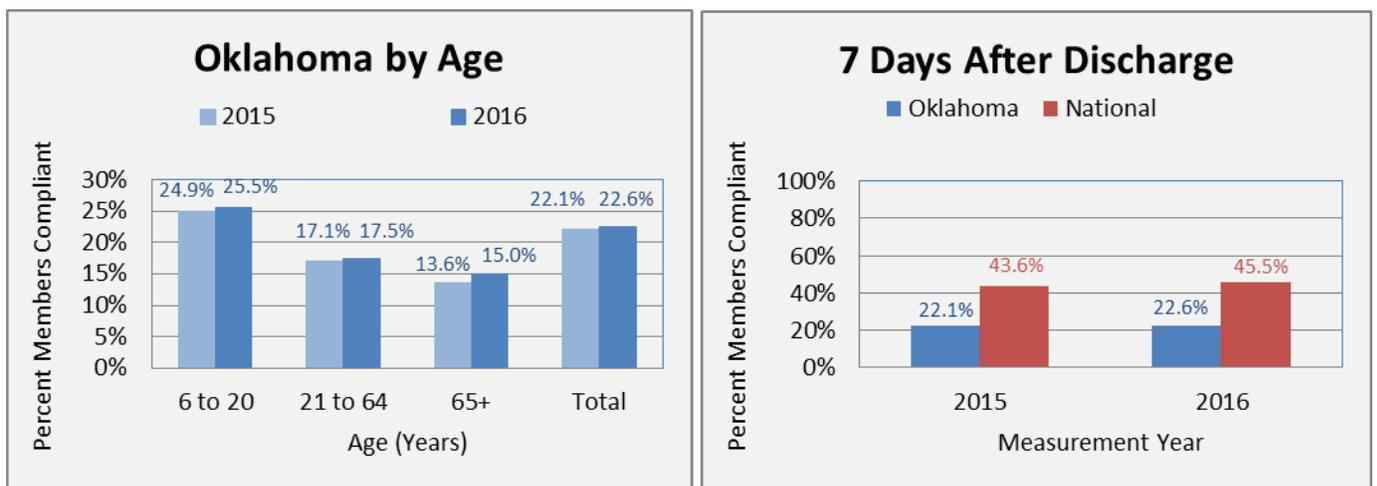
## FOLLOW-UP AFTER HOSPITALIZATION FOR MENTAL ILLNESS

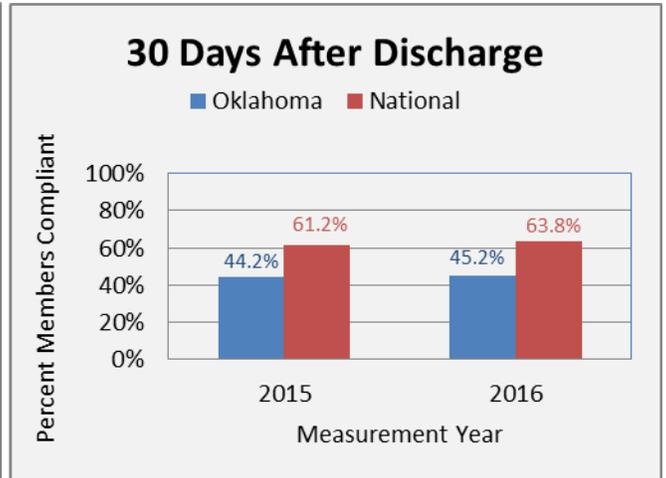
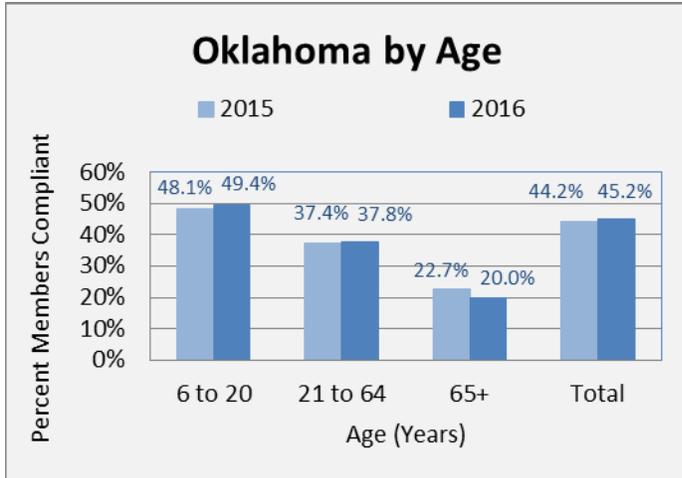
This measure calculates the percentage of members ages six years and older who were hospitalized during the measurement year for the treatment of selected mental health diagnoses who had a follow up visit with a mental health practitioner within either seven days (7 Days After Discharge) or 30 days (30 Days After Discharge) after discharge from an acute inpatient setting. The hospital admission must have had a principal diagnosis of mental illness, and the member must not have been transferred from another setting and must not have been readmitted with 30 days of the discharge in question. Follow up visits were defined generally as an office visit with a mental health practitioner, a visit to a mental health facility, or visit to a non-mental health facility with a mental health diagnosis.

The 2016 total compliance rates were slightly higher than the total rate for 2015 but remain behind national averages. All age groupings across 7 day and 30 day readmits in 2016 experienced a slightly higher compliance rate with the exception of the 65+ age grouping for members being readmitted within 30 days of discharge which dropped slightly.

Exhibit 21 displays compliance rates by age groups and discharge time to national averages for 2015 and 2016 measurement years.

**Exhibit 21 – Members Receiving a Follow-Up Visit after Hospitalization for Mental Illness**





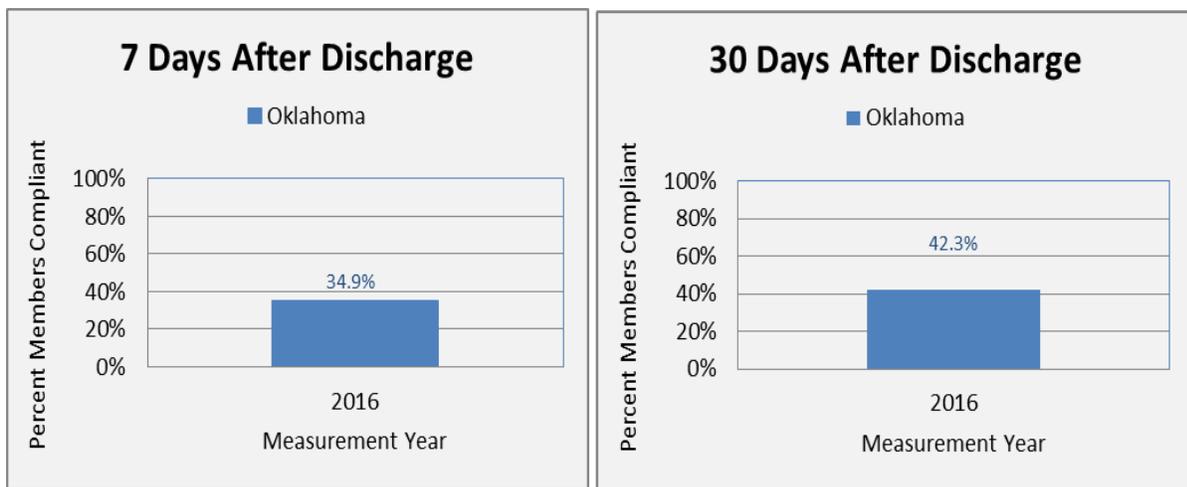
## FOLLOW-UP AFTER EMERGENCY DEPARTMENT VISIT FOR ALCOHOL AND OTHER DRUG DEPENDENCE

This measure calculates the percentage of members ages 18 years and older with an emergency department (ED) visit with a principal diagnosis of alcohol or other drug dependence (AOD) who had a follow-up visit with any practitioner for AOD within either seven days (7 Days After Discharge) or 30 days (30 Days After Discharge). (Note: OHCA only reports results for member’s ages 18 years and older.) The member must not have been admitted to an acute or nonacute inpatient care setting within 30 days of the ED visit regardless of principle diagnosis. Hospice members were excluded from the population.

This is a first year measure for 2016. There are no national averages for this year.

Exhibit 22 displays compliance rates by discharge time to national averages for the 2016 measurement years.

*Exhibit 22 – Members Receiving a Follow Up Visit after ED visit for Alcohol or Other Drug Dependence*



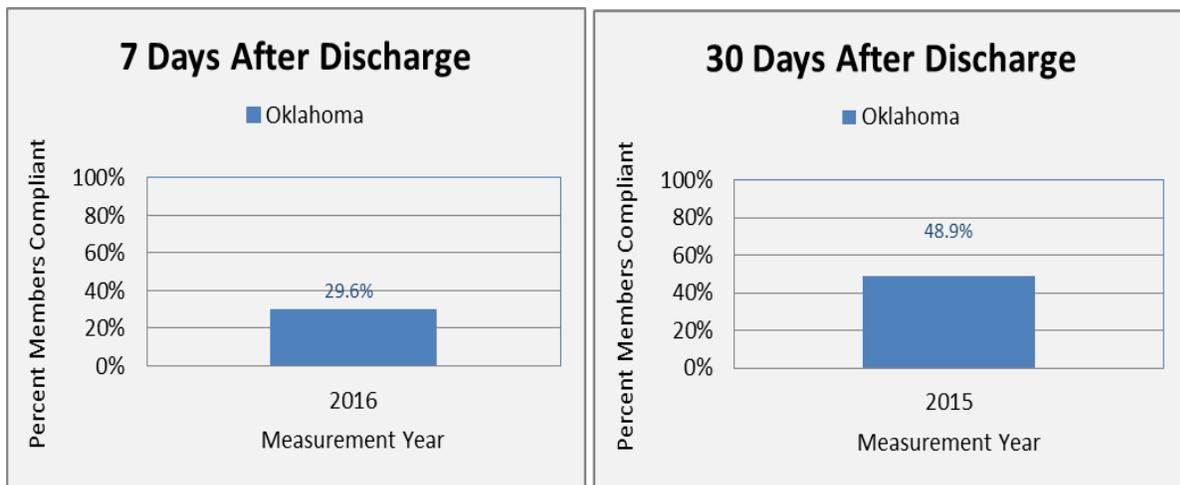
## FOLLOW-UP AFTER EMERGENCY DEPARTMENT VISIT FOR MENTAL ILLNESS

This measure calculates the percentage of members with an emergency department (ED) visit for members 18 years and older with a principal diagnosis of mental illness who had a follow-up visit with any practitioner within either seven days (7 Days After Discharge) or 30 days (30 Days After Discharge) after discharge from an acute inpatient setting. (Note: OHCA only reports results for member’s ages 18 years and older.) The member must not have been admitted to an acute or nonacute inpatient care setting within 30 days of the ED visit regardless of principle diagnosis. Hospice members were excluded from the population.

This is a first year measure for 2016. There are no national averages for this year.

Exhibit 23 displays compliance rates by discharge time to national averages for the 2016 measurement year.

*Exhibit 23 – Members Receiving a Follow Up Visit after ED visit for Mental Illness*



## ANNUAL MONITORING FOR PATIENTS ON PERSISTENT MEDICATIONS

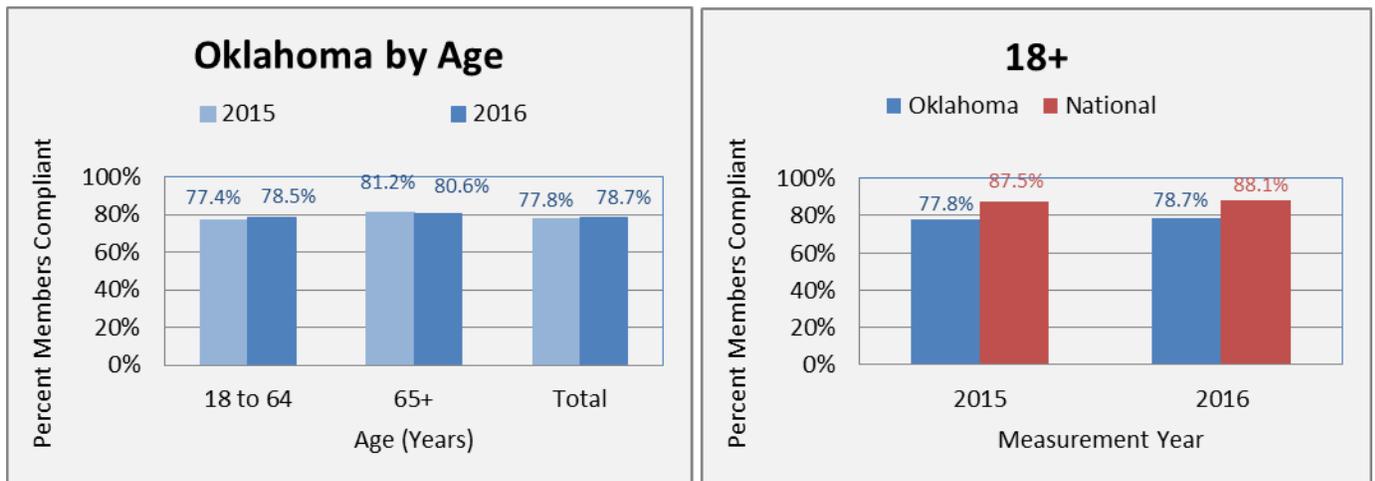
This measure calculates the percentage of members 18 years of age and older who received at least 180 treatment days of ambulatory medication therapy for a select therapeutic agent during the measurement year and at least one therapeutic monitoring event for the therapeutic agent in the measurement year. The results will focus on three areas of interest and their combined total. Those three areas are:

- ACE inhibitors/ARB receptor blockers
- Digoxin
- Diuretics

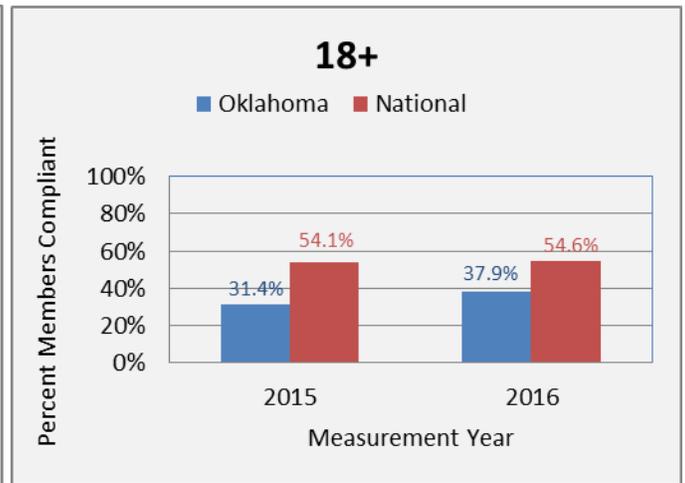
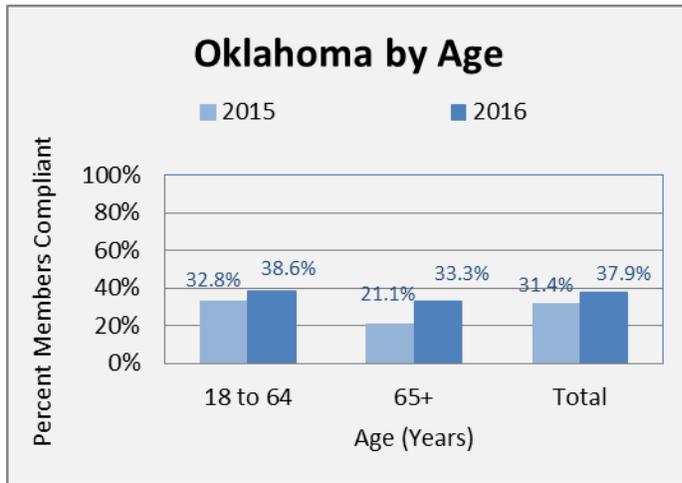
The total 2016 compliance rate experienced a slight increase over the 2015 total rate but remained lower than the national average. The 18 to 64 age grouping experienced a slight increase from 2015 to 2016 while the 65+ age grouping experienced a slight decrease during the same time period.

Exhibit 24-27 display compliance rates by medication group for the age groupings and total compared to national averages for the 2015 and 2016 measurement years.

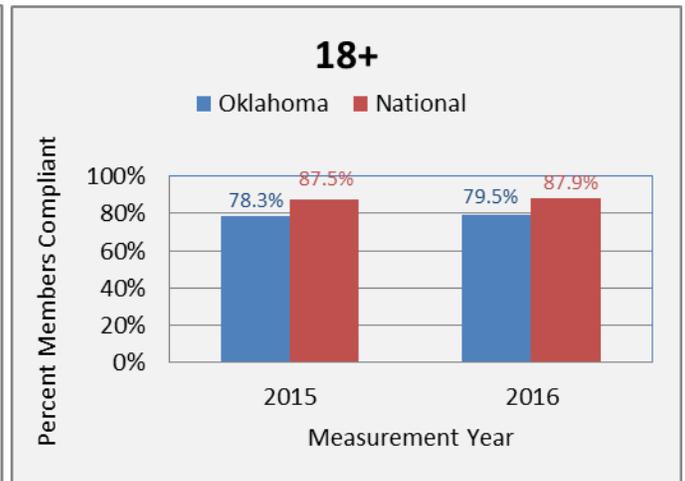
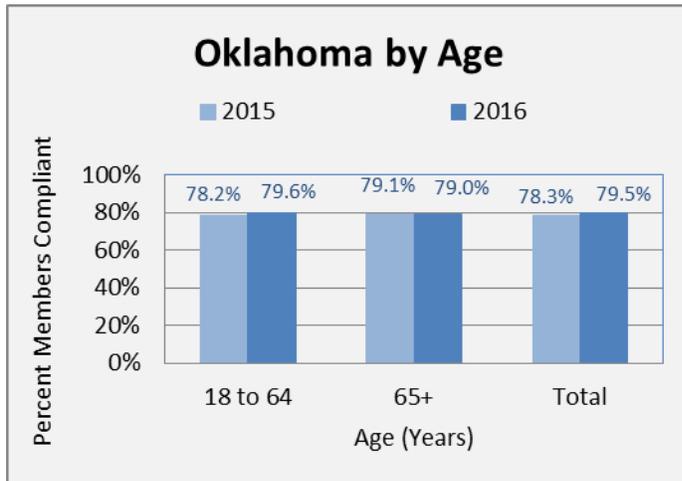
*Exhibit 24 – Members 18+ on ACE/ARB Medication*



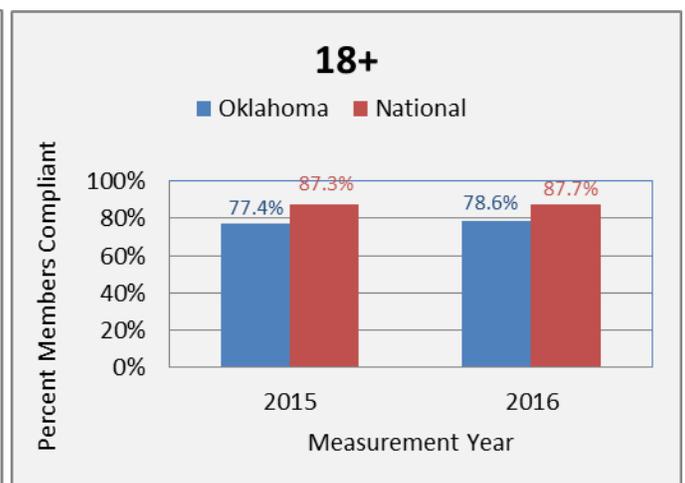
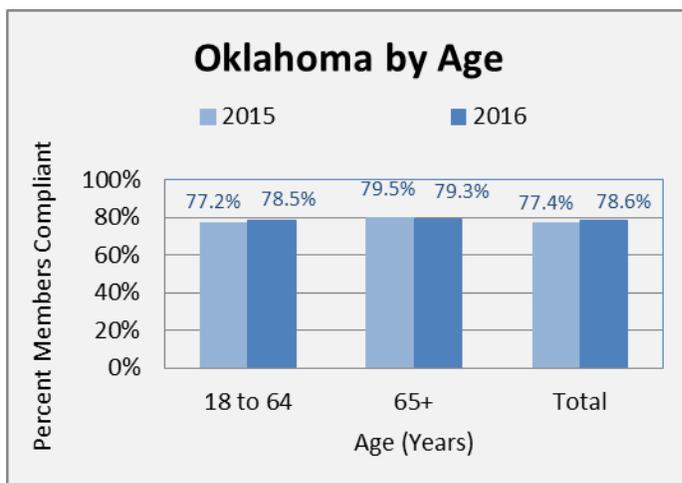
**Exhibit 25 – Members 18+ on Digoxin Medication**



**Exhibit 26 – Members 18+ on Diuretic Medication**



**Exhibit 27 – Members 18+ Combined Medication Results**



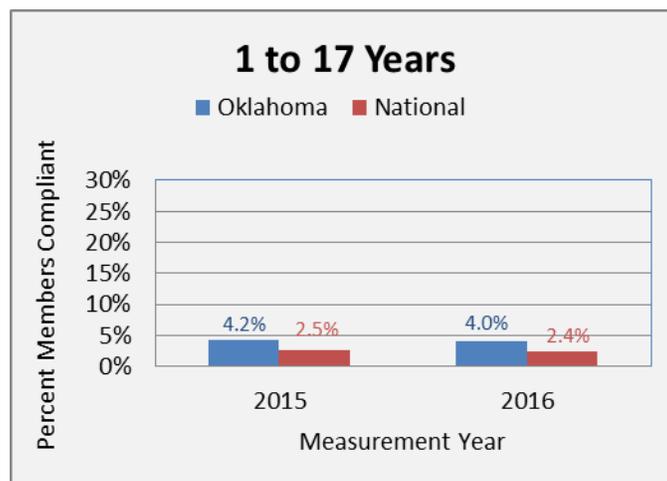
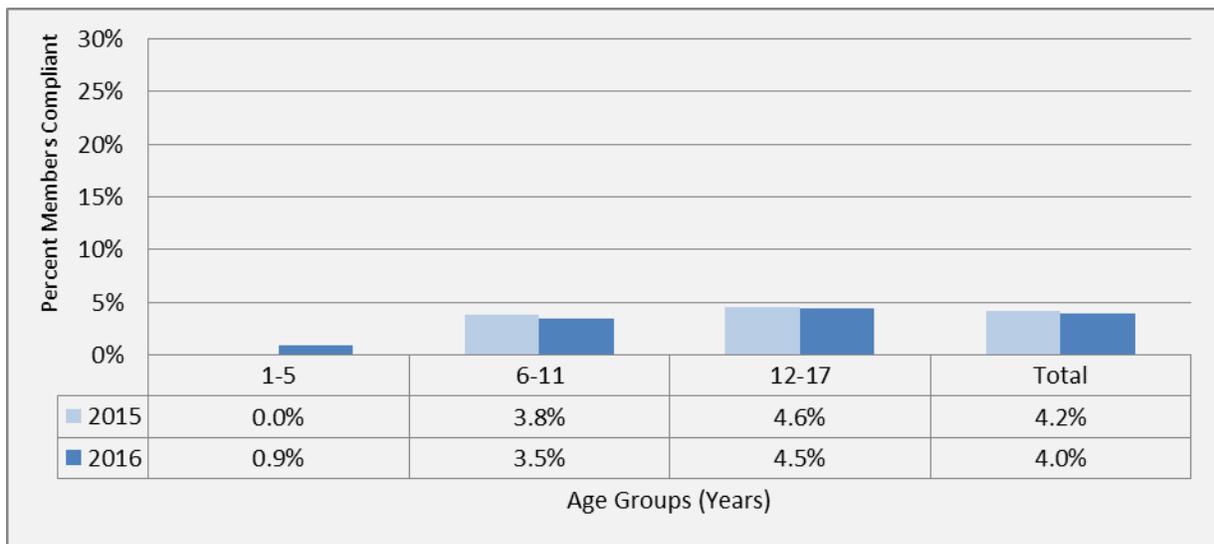
## USE OF MULTIPLE CONCURRENT ANTIPSYCHOTICS IN CHILDREN AND ADOLESCENTS

This measure calculates the percentage of children and adolescents 1 to 17 years of age who were on two or more concurrent antipsychotic medications. Children in the age group with continuous enrollment that had 90 days of continuous antipsychotic medication treatment during the measurement year were tested to find if they had two or more concurrent antipsychotic medications for 90 consecutive days. Lower percentages represent better results.

The 2016 compliance rates decreased from the 2015 rates and are slightly behind national averages (lower rates represent better performance).

Exhibit 28 displays compliance rates for the 2016 measurement year.

**Exhibit 28 – Members Who Have Concurrent Antipsychotic Medications**



## USE OF FIRST-LINE PSYCHOSOCIAL CARE IN CHILDREN AND ADOLESCENTS

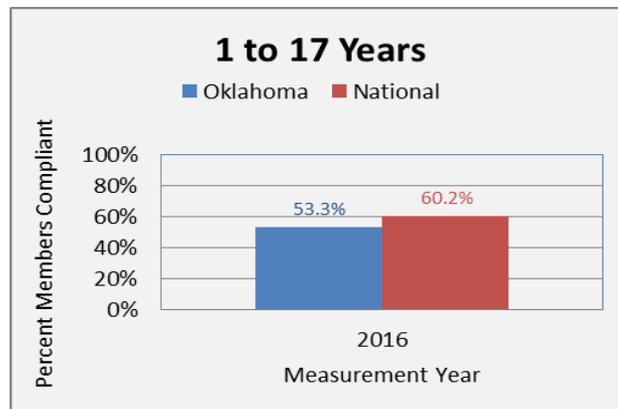
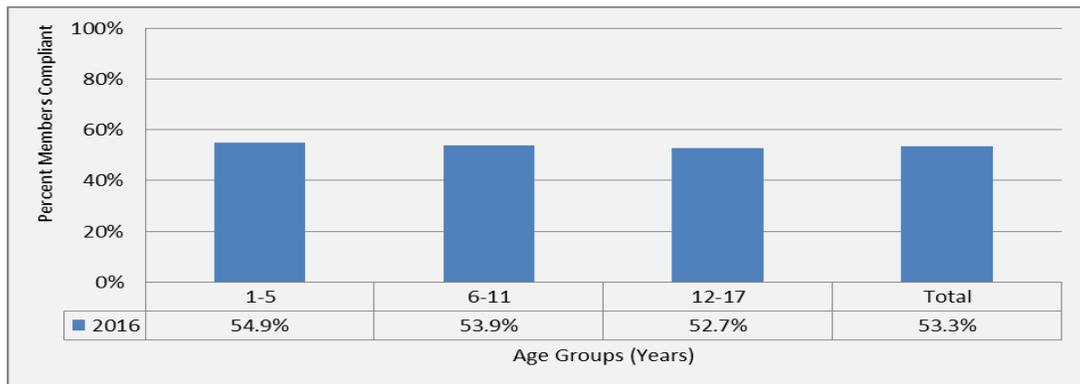
This measure calculates the percentage of children and adolescents 1 to 17 years of age who had a new prescription for an antipsychotic medication and had documentation of psychosocial care as first-line treatment. Children are tested for continuous enrollment ( 120 days prior to the antipsychotic medication prescription date and 30 days after that date) and removed from the population if they have at least one acute inpatient encounter with a diagnosis of schizophrenia, bipolar disorder or other psychotic disorder during the measurement year or at least two visits in an outpatient, intensive outpatient or partial hospitalization setting, on different dates, with schizophrenia, bipolar disorder, or other psychotic disorder during the measurement year .

This is the first year Oklahoma reported this measure.

The 2016 compliance rates were slightly lower than the national averages.

Exhibit 29 displays compliance rates for the 2016 measurement year.

**Exhibit 29 – Members Who Used First-Line Psychosocial Care**



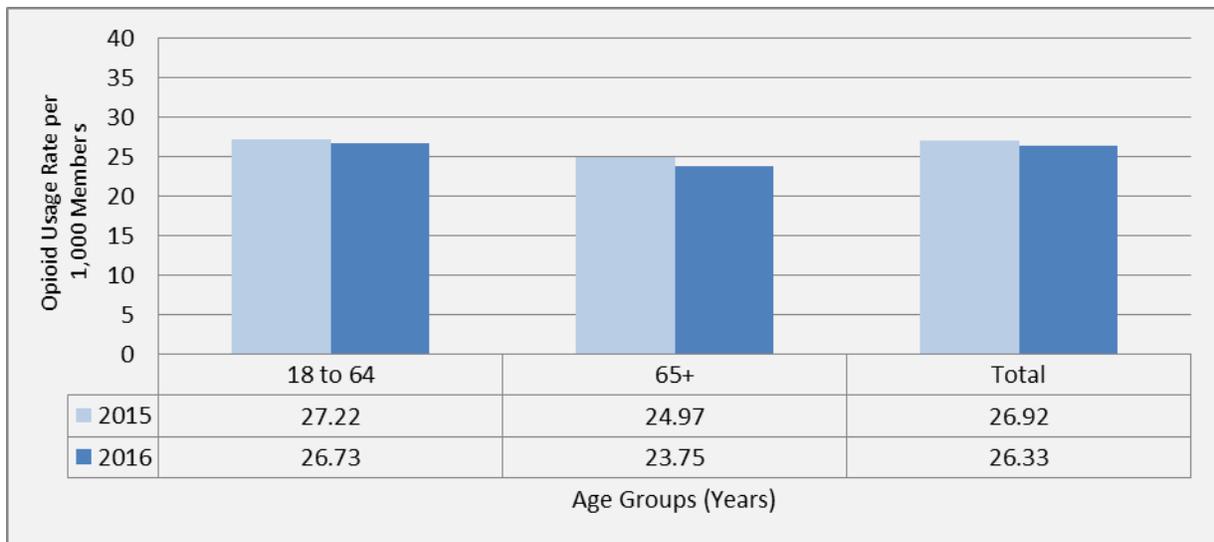
## USE OF OPIOIDS AT HIGH DOSAGE

This measure calculates the proportion of individuals 18 years and older without cancer receiving prescriptions for opioids with a daily dosage greater than 120mg morphine equivalent dose (MED) for 90 consecutive days or longer. This is determined by any member with two or more prescriptions for opioids with a total days supply equal to or greater than 15 who had a prescribed MED greater than 120mg for 90+ consecutive days. The rates are provided per 1,000 members.

The 2016 compliance rates decreased for all ages from the 2015 rates.

Exhibit 30 displays compliance rates per 1,000 members for the 2015 and 2016 measurement years.

**Exhibit 30 – Per 1,000 Members prescribed a high dosage of Opioids for 90+ consecutive days**



## INITIATION AND ENGAGEMENT OF ALCOHOL AND OTHER DRUG DEPENDENCE TREATMENT

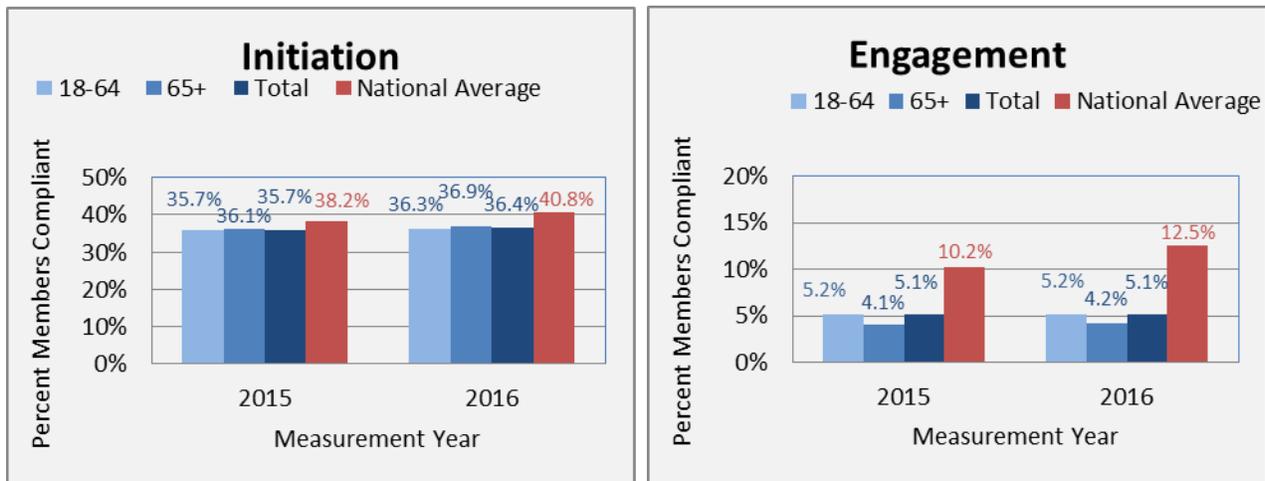
This measure calculates the percentage of members age 18 years and older with a new episode of alcohol or other drug (AOD) dependence who received the following:

- An initiated treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter, or partial hospitalization within 14 days of the diagnosis.
- An initiated treatment and who had two or more additional services with a diagnosis of AOD within 30 days of the initiation visit.

The 2016 initiation compliance rates were slightly higher than the 2015 compliance rates while the engagement rates stayed constant. Both category rates were slightly lower than national averages.

Exhibit 31 displays compliance rates for initiation and engagement compared to national average for the 2015 and 2016 measurement years.

*Exhibit 31 – Members Initiating and Engaging in additional Alcohol and Other Drug Treatment (Ages 18+ Years Old)*



## CHAPTER FOUR: UTILIZATION

For 2017, Oklahoma selected 13 measures to report related to service utilization. All measures were selected by CMS as a Child or Adult core measure, including five measures that were reported according to NCQA/HEDIS specifications. Measures selected within this domain related to prenatal and postpartum care (four measures), well-child visits (three measures), and hospital (inpatient and outpatient) utilization (six measures).

Measure	HEDIS	CMS CHILD CORE	CMS ADULT CORE
<b>Prenatal/Postpartum Care</b>			
Frequency of Ongoing Prenatal Care	✓	✓	
Postpartum Care Rate	✓		✓
Prenatal & Postpartum Care: Timeliness of Prenatal Care	✓	✓	
Contraceptive Care – Postpartum Women	✓	✓	
<b>Well-Child Visits</b>			
Well-Child Visits in the First 15 Months of Life	✓	✓	
Well-Child Visits in the 3 <sup>rd</sup> , 4 <sup>th</sup> , 5 <sup>th</sup> & 6 <sup>th</sup> Years of Life	✓	✓	
Adolescent Well-Care Visits	✓	✓	
<b>Hospital Utilization</b>			
Ambulatory Care	✓		
Hospital Admission Rates for Prevention Quality Indicators (PQI)			✓
Plan All-Cause Readmissions	✓		✓

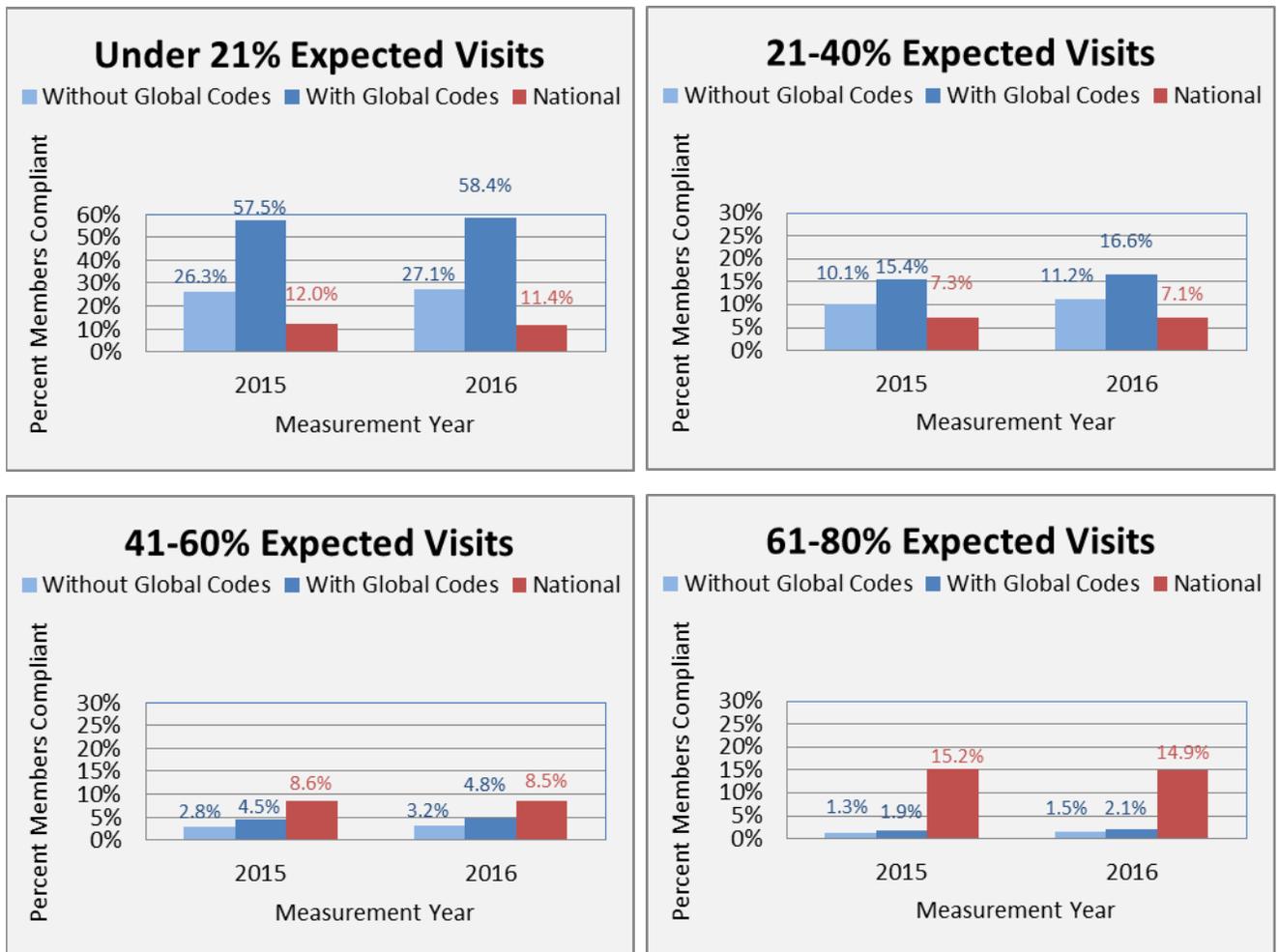
## FREQUENCY OF ONGOING PRENATAL CARE

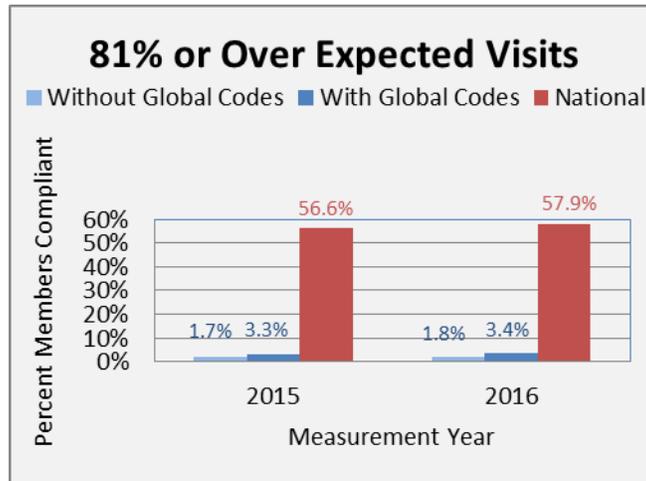
This measure calculates the percentage of live births funded by SoonerCare where the mother received the expected number of prenatal visits, adjusted for month of pregnancy and gestational age at the time of enrollment. Mothers with multiple births during the measurement year can be counted more than once. Also, mothers must have been continuously enrolled at least 43 days prior through 56 days after delivery, with no gaps.

SoonerCare utilizes “global codes” where, in general, the mother’s obstetrician/gynecologist (OB/GYN) submits a single claim and receives a bundled payment upon delivery that is intended to fund all prenatal, delivery, and postpartum services. Different codes can be used depending on who provides the prenatal, delivery, and postpartum services, if not the same provider.

Exhibit 32 displays compliance rates, compared to national averages, both excluding global codes (i.e., based solely on standard measure specifications) and including global codes. As the exhibit demonstrates, including global codes results in a higher percentage of expected visits.

*Exhibit 32 – Percent of Expected Prenatal Visits Received by Mothers*





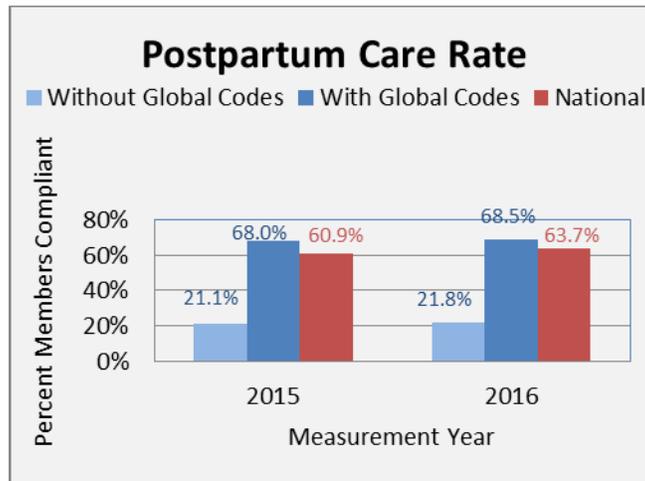
## POSTPARTUM CARE RATE

This measure calculates the percentage of mothers defined in the previous measure (Frequency of Ongoing Prenatal Care) who received a postpartum care visits between days 21 and 56 after delivery.

The 2016 compliance rates increased slightly and remained above national averages.

Exhibit 33 displays compliance rates for 2015 and 2016.

*Exhibit 33 –Mothers Receiving a Postpartum Care Visit*



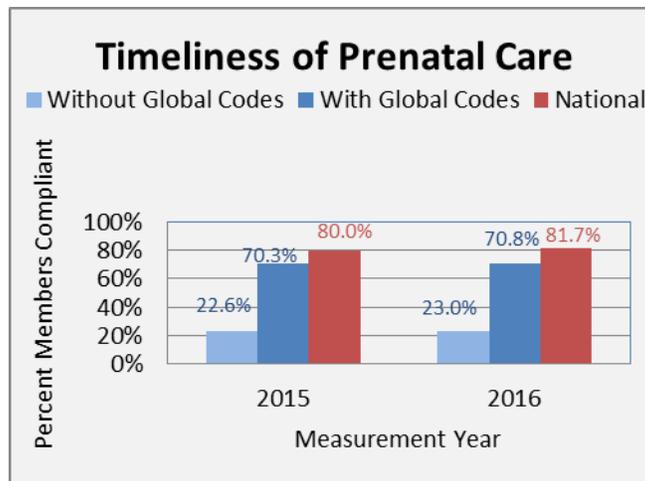
## PRENATAL & POSTPARTUM CARE: TIMELINESS OF PRENATAL CARE

This measure calculates the percentage of women identified in the previous measures (Frequency of Ongoing Prenatal Care; Postpartum Care Rate) who received timely prenatal care. Timely prenatal care was defined as receiving a prenatal visit within the first trimester or within 42 days of enrollment. A complex set of results based on enrollment data, diagnosis codes, and procedure codes were used to identify women initially enrolled in the first trimester or trimesters two and three. If there was a gap in enrollment during the nine months prior to delivery, the initial enrollment date was considered the latest of all enrollment dates.

The 2016 compliance rates slightly increased from the 2015 rates. The national average rates were still ahead of Oklahoma.

Exhibit 34 displays compliance rates, with and without global codes, compared to national averages for measurement years 2015 and 2016.

*Exhibit 34 –Mothers Receiving Timely Prenatal Care*



## CONTRACEPTIVE CARE – POSTPARTUM WOMEN

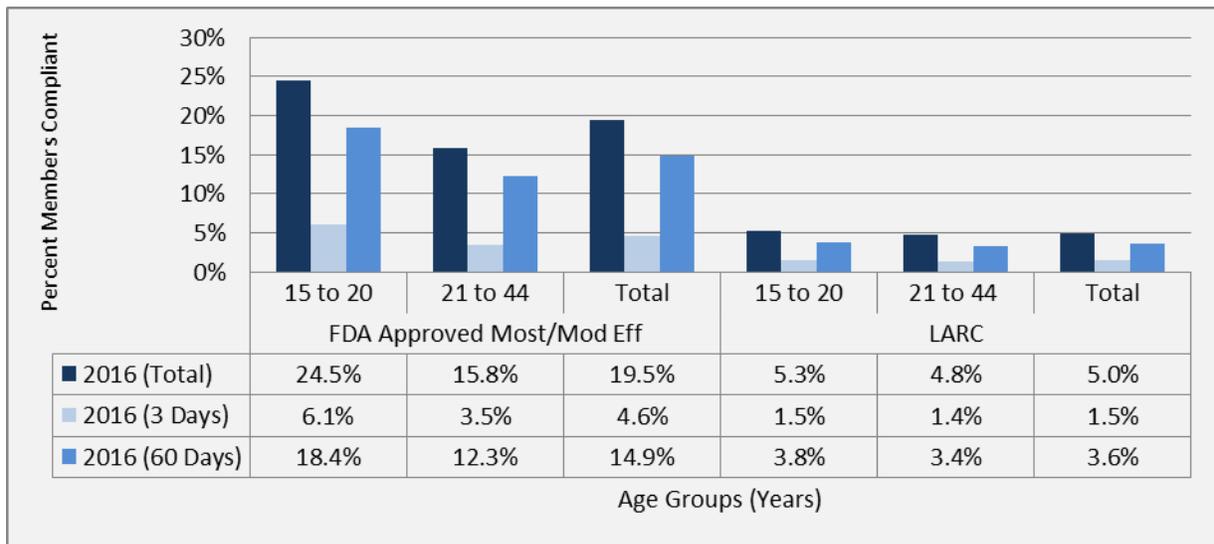
This measure calculates the percentage of women 15-44 who had a live birth and were presented either the most effective or moderately effective FDA-approved method of contraception within 3 and 60 days of delivery or a long-acting reversible method of contraception (LARC) within 3 and 60 days of delivery.

This is the first year this measure is being reported.

The 2016 rates for the 60 day time frame in both categories were higher than the 3 day categories. No national averages.

Exhibit 35 displays compliance rates for the 2016 measurement year.

*Exhibit 35 – Postpartum women receiving contraceptive care*



## WELL-CHILD VISITS IN THE FIRST 15 MONTHS OF LIFE

## WELL-CHILD VISITS IN THE 3RD, 4TH, 5TH & 6TH YEARS OF LIFE

## ADOLESCENT WELL-CARE VISITS

These three measures calculate the percentage of children or adolescents who receive well-child visits during the measurement year. Well-child visits were defined as visits with primary care practitioners (PCPs) using specific procedure codes indicating well-child visits. The PCP does not have to be the child's assigned PCP.

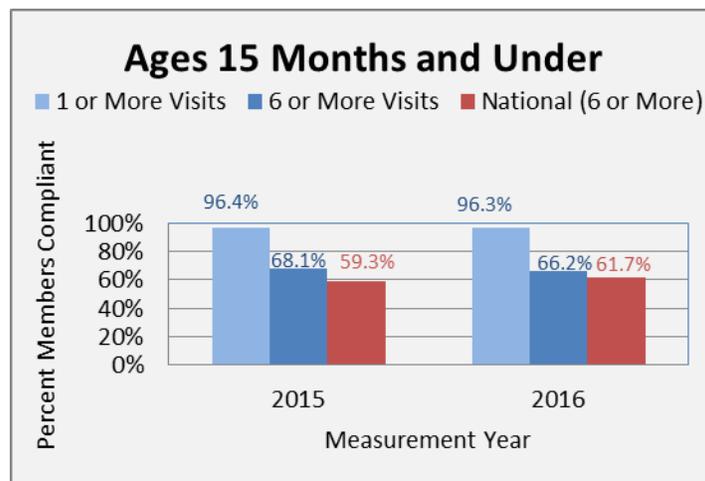
The 2016 compliance rates for 15 month olds and under show a marginal decrease in overall visits while six plus visits decreased approximately two percent compared to the 2015 rates. The national average increased slightly.

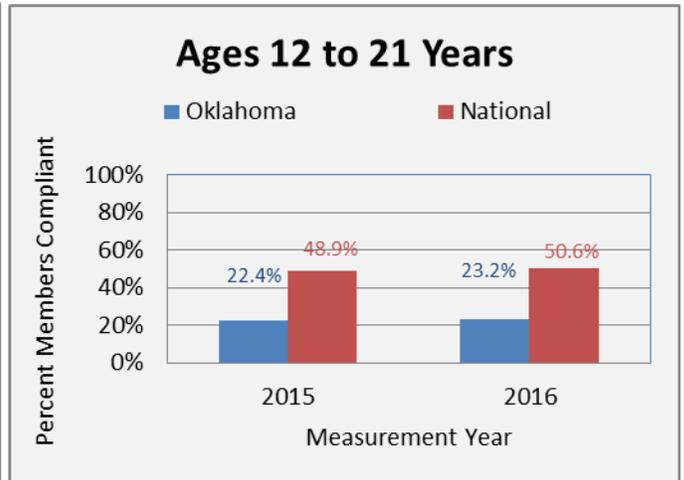
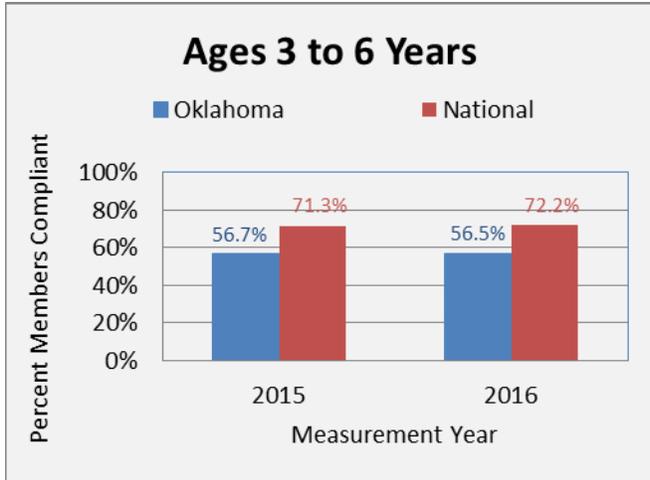
The 3 to 6 age category in 2016 had a slight decrease in compliance rates consistent with the national average increased.

The 12 to 21 age category had a slight increase in compliance while national averages increased.

Exhibit 36 displays the compliance rates for the three age categories for well-child visits for 2015 and 2016.

*Exhibit 36 – Well-Child Visits for Children and Adolescents*





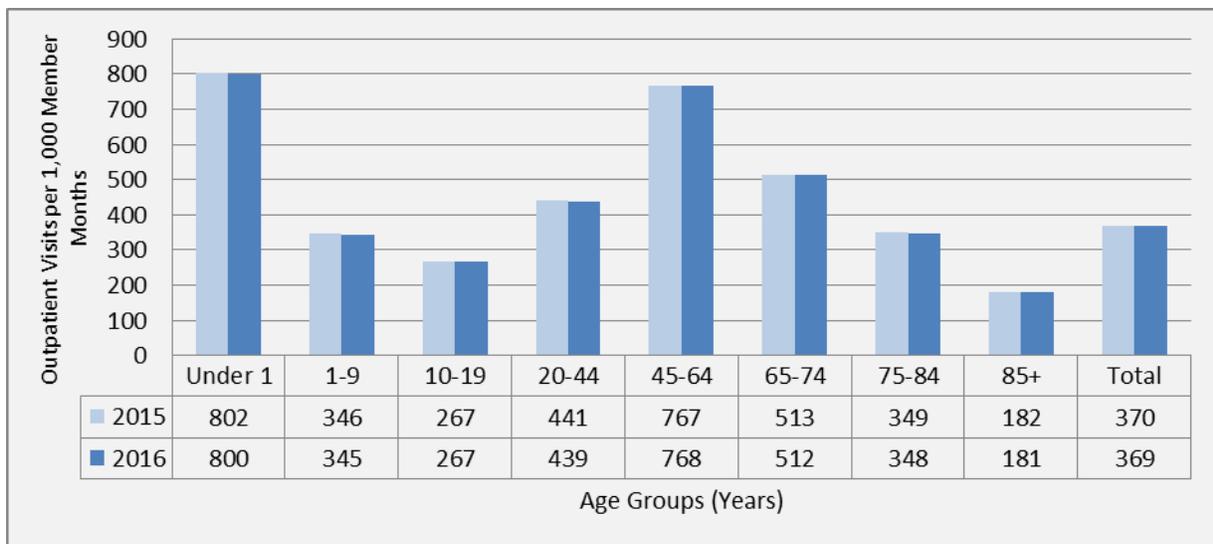
## AMBULATORY CARE

This measure calculates the number of outpatient visits and emergency department visits for SoonerCare members, by age group, per 1,000 months of eligibility (member months). Outpatient and emergency department visits were defined by claim type, procedure code, and place of service code. Emergency department visits were excluded if they resulted in an inpatient admission. All visits for mental health or chemical dependency services were excluded, both for outpatient and emergency department visit rates. Months of eligibility were calculated based on the member’s eligibility as of the fifteenth of the month.

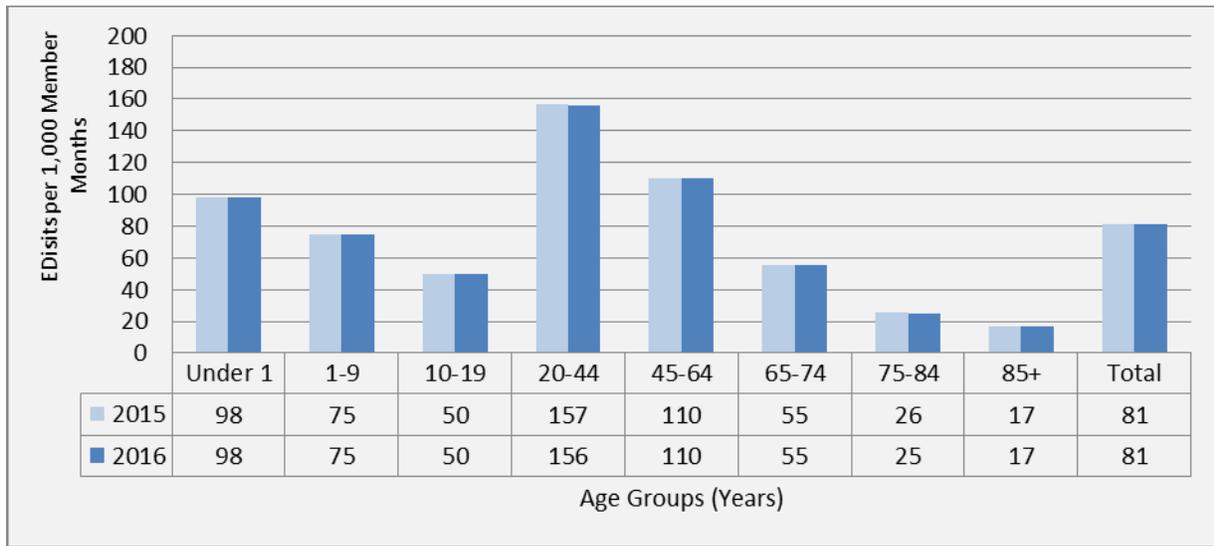
In 2016 the total outpatient visits per 1,000 member months decreased slightly from 2015. The only increase was in the 45–64 age range. The ED visits per 1,000 member months total for 2016 remained constant as well as most age groupings compared to the 2015 rates.

Exhibit 37 and Exhibit 38 display the outpatient and ED visits rates for 2015 and 2016.

**Exhibit 37 – Outpatient Visit Rate for SoonerCare Members**



**Exhibit 38 – Emergency Department Visit Rate for SoonerCare Members**



## HOSPITAL ADMISSION RATES FOR PREVENTION QUALITY INDICATORS (PQI)

This section includes results for preventable hospital admission rates for the following indicators:

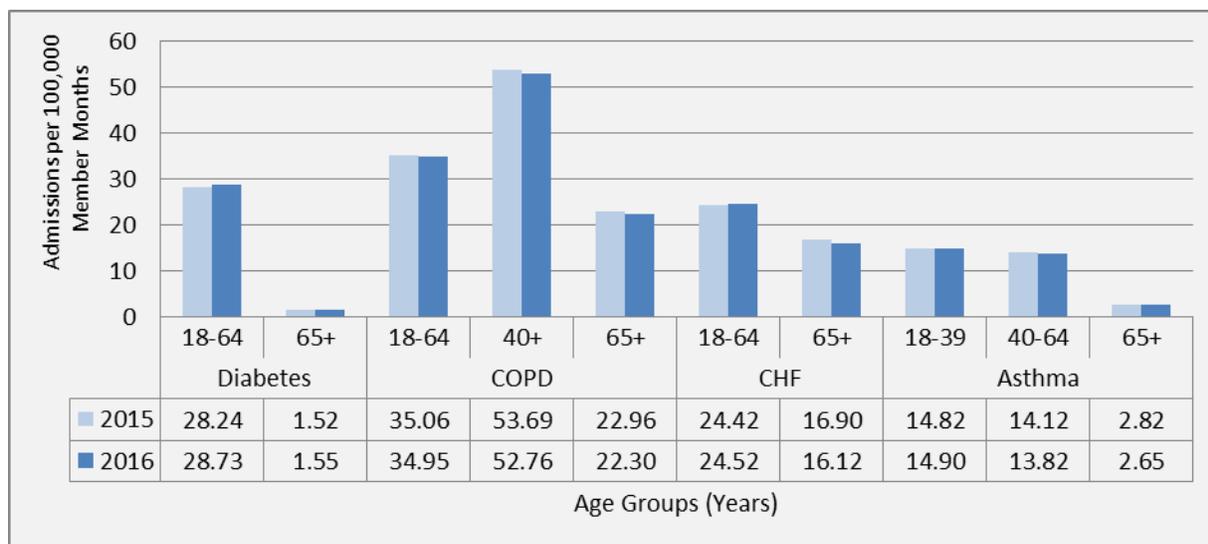
- Diabetes short-term complications (Diabetes) – Includes members 18 years and older admitted with a primary diagnosis of diabetes.
- COPD or asthma in older adults (COPD) – Includes members 18 years and older admitted with a primary diagnosis of COPD (including secondary diagnoses), asthma, or acute bronchitis. Admissions are excluded that include diagnosis codes for cystic fibrosis and other respiratory anomalies.
- Congestive heart failure (CHF) – Includes members 18 years and older admitted with a primary diagnosis of heart failure, excluding admissions where certain cardiac procedures were performed.
- Asthma in younger adults (Asthma) – Includes members 18 years and older admitted with a primary diagnosis of asthma, excluding admissions with diagnoses of cystic fibrosis or other respiratory anomalies.

All admission rates exclude transfers and obstetric discharges.

Rates in 2016 had increases in diabetes, the 18-64 age groups for CHF, and the 18-39 age group for asthma. The 65+ age range decreased in all categories in 2015.

Exhibit 39 displays hospital admission per 100,000 member months in 2015 and 2016 for each of the indicators.

*Exhibit 39 – Hospital Admission Rates for PQI Measures*



## PLAN ALL-CAUSE READMISSION RATE

This measure calculates the number of 18 year and older members with an acute inpatient stay during the measurement year that was followed by an unplanned acute readmission for any diagnosis with 30 days. The measure also calculates the predicted probability of an acute readmission. The results are displayed in three categories:

- Count of Index Stays
- Count of 30-Day Readmissions
- Average Adjusted Probability of Readmission

The results are broken down by various age groups, gender, and Commercial or Medicare coverage (Commercial cover age range is only 18-64).

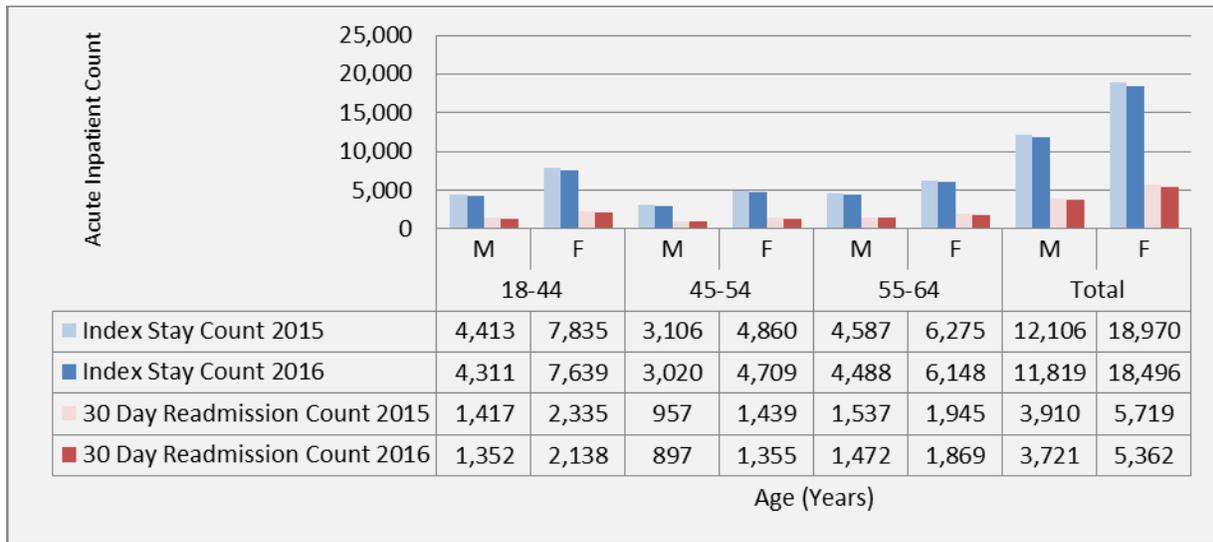
Acute inpatient stays were defined by the acute inpatient code set provided by the NCQA. Acute to acute transfers were determined by combing any acute inpatient stay that had a start date within one day of the preceding acute inpatient stay end date.

In 2016 there was a general decrease in stay counts and readmission rates compared to 2015. The decrease in rate was higher in the female population verses the male population across all age groups. The Medicare rate decreased more than the commercial rate from 2015 to 2016.

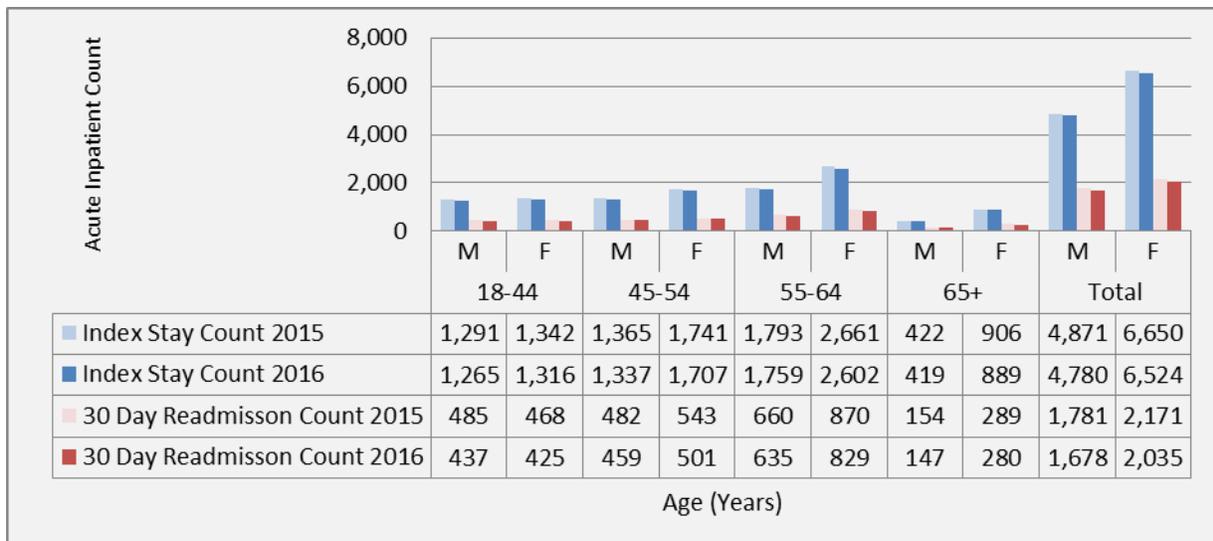
Exhibit 40 and 41 display the acute inpatient counts for Commercial and Medicare respectively. Exhibit 42 displays the O/E Ratio for Commercial and Medicare. That ratio is determined by dividing the observed readmissions by an average adjusted probability. That probability scale is provided by NCQA.

Note: The Commercial line only checks members between ages 18-64.

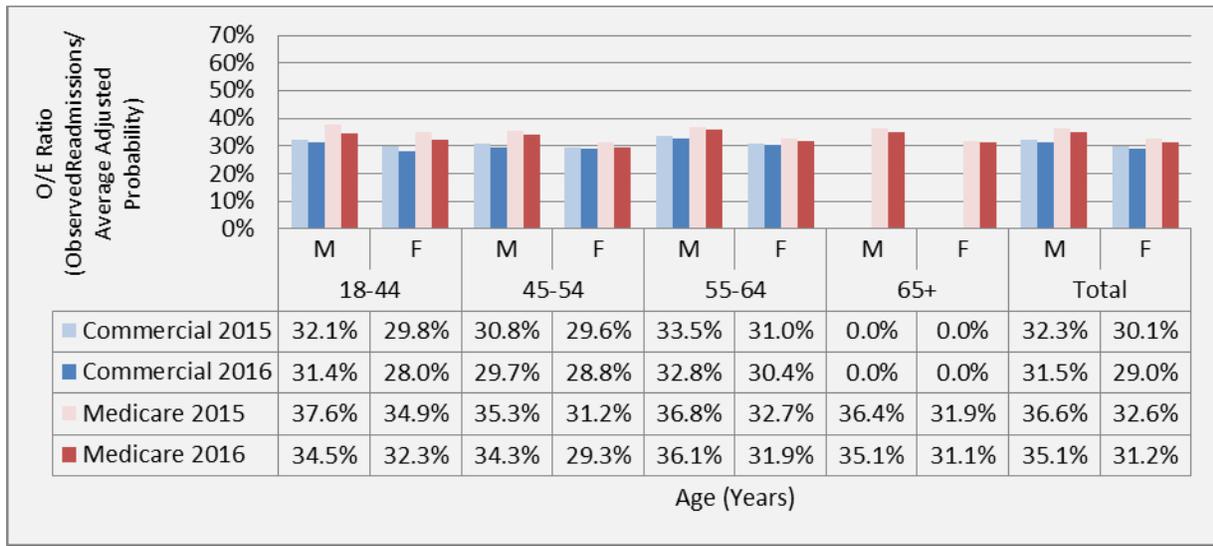
**Exhibit 40 – Acute Inpatient Commercial Coverage Stay Counts**



**Exhibit 41 – Acute Inpatient Medicare Coverage Stay Counts**



**Exhibit 42 – O/E Ratio for Commercial and Medicare**



## APPENDIX A: 2016 COMPLIANCE RATE DEMOGRAPHICS

### Key

- - = not applicable (denominator = 0)
- Program of Eligibility: SCHC = SoonerCare Choice, FFS (Fee-For-Service): TXIX
- Gender: M = Male, F = Female
- Race: C = Caucasian, B/AA = Black or African American, AI = American Indian, A/PI = Asian or Pacific Islander, Multi. = Multiple Races, Dec. = Declined to Answer
- Urban County List: Canadian, Cleveland, Comanche, Creek, Logan, McClain, Oklahoma, Osage, Rogers, Tulsa, and Wagoner

Measure/Age Group	Total	Program of Eligibility		Gender		County Geography			Hispanic		Race					
		SCHC	FFS	M	F	Urban	Rural	Other	Yes	No	C	B/AA	AI	A/PI	Multi.	Dec.
<b>AAP: Adults' Access to Preventive/Ambulatory Health Services</b>																
Total	84.0%	88.6%	81.1%	77.3%	87.1%	83.8%	84.4%	70.3%	80.1%	84.3%	84.9%	81.0%	83.0%	80.2%	84.9%	83.5%
20 to 44	80.8%	85.1%	78.4%	70.6%	84.4%	81.0%	80.5%	70.5%	77.3%	81.0%	81.6%	77.5%	79.7%	74.2%	82.4%	82.5%
45 to 64	90.4%	93.3%	88.1%	85.5%	93.5%	89.1%	91.8%	66.7%	89.9%	90.4%	90.8%	87.8%	92.0%	85.5%	91.2%	90.5%
65 and Over	78.2%	90.4%	59.7%	75.8%	79.5%	79.7%	75.7%	-	80.3%	77.9%	77.7%	72.4%	82.8%	87.7%	86.5%	-
<b>CAP: Children and Adolescents' Access to Primary Care Practitioners</b>																
Total	91.9%	92.0%	91.6%	91.6%	92.2%	90.6%	93.6%	84.7%	91.8%	91.9%	92.5%	86.5%	93.0%	90.7%	93.2%	93.0%
12 to 24 months	96.1%	96.9%	92.8%	96.2%	95.9%	95.9%	96.3%	96.0%	96.9%	95.9%	96.7%	92.9%	96.2%	95.7%	95.9%	98.5%
25 months to 6 years	90.0%	89.9%	90.4%	90.2%	89.9%	88.6%	92.1%	84.5%	90.4%	90.0%	90.7%	82.8%	91.3%	89.1%	93.0%	90.7%
7 to 11 years	92.0%	92.2%	91.6%	91.8%	92.1%	90.3%	94.3%	84.2%	91.2%	92.2%	93.0%	86.5%	92.8%	89.9%	91.5%	93.7%
12 to 19 years	92.8%	92.7%	93.0%	91.6%	94.1%	92.2%	93.9%	83.8%	92.7%	92.9%	93.2%	89.0%	94.1%	91.7%	94.5%	94.0%
<b>ABA: Adult Body Mass Index (BMI) Assessment</b>																
Total	10.4%	10.9%	10.1%	8.1%	11.6%	10.1%	10.6%	9.1%	8.0%	10.5%	10.6%	9.8%	11.5%	4.5%	10.8%	6.2%
18 to 64	10.3%	10.9%	10.0%	7.9%	11.6%	10.1%	10.5%	8.6%	7.7%	10.4%	10.5%	9.6%	11.4%	3.8%	10.7%	6.2%
65 to 75	10.9%	11.0%	10.8%	9.6%	11.5%	10.5%	11.2%	12.5%	8.9%	11.0%	11.3%	10.4%	11.9%	5.3%	11.3%	-
<b>WCC-CH: BMI Assessment for Children &amp; Adolescents</b>																
Total	3.6%	3.7%	3.1%	3.5%	3.7%	5.3%	1.4%	2.1%	8.2%	2.2%	3.8%	3.6%	3.5%	2.2%	2.8%	2.8%
3 to 11	3.3%	3.5%	2.8%	3.3%	3.4%	5.0%	1.2%	2.1%	7.8%	1.9%	3.7%	3.1%	3.1%	2.2%	2.5%	2.4%
12 to 17	4.1%	4.2%	3.8%	3.9%	4.3%	6.1%	1.9%	2.1%	9.4%	2.9%	4.0%	4.6%	4.4%	2.4%	4.0%	4.1%

Quality of Care in the SoonerCare Program – March 2018

<b>CIS: Childhood Immunization Status</b>																
Dtap	23.4%	24.0%	22.2%	23.4%	23.4%	28.4%	16.7%	22.1%	32.3%	20.6%	25.4%	25.2%	14.2%	23.0%	18.6%	27.4%
IPV	34.6%	35.1%	33.6%	35.0%	34.2%	40.7%	26.4%	29.7%	42.1%	32.2%	37.1%	37.1%	23.2%	33.9%	28.2%	40.3%
MMR	44.9%	46.3%	42.0%	44.2%	45.6%	52.6%	34.6%	43.6%	53.2%	42.3%	47.7%	49.9%	29.8%	45.5%	37.2%	50.3%
HiB	40.8%	41.5%	39.4%	40.4%	41.2%	48.0%	31.2%	34.3%	46.3%	39.1%	45.2%	40.1%	25.2%	35.9%	32.0%	43.0%
Hep B	10.4%	10.5%	10.2%	11.0%	9.8%	12.4%	7.7%	10.5%	12.7%	9.7%	11.1%	12.1%	6.1%	10.2%	8.1%	14.6%
VZV	43.9%	44.2%	43.3%	44.0%	43.8%	52.0%	33.0%	40.7%	54.0%	40.7%	46.0%	49.6%	31.7%	44.9%	36.9%	50.3%
PCV	23.6%	23.6%	23.6%	23.6%	23.6%	28.4%	17.3%	20.3%	32.3%	20.8%	25.6%	25.4%	13.9%	25.1%	18.3%	29.2%
Hep A	46.6%	46.7%	46.4%	47.7%	45.4%	54.2%	36.4%	44.2%	56.2%	43.5%	48.6%	53.2%	32.6%	49.1%	40.8%	51.6%
RV	24.4%	24.7%	23.8%	24.7%	24.1%	28.0%	19.6%	20.9%	28.4%	23.1%	25.6%	26.4%	17.7%	21.6%	21.7%	29.4%
Flu	16.0%	16.0%	16.0%	16.1%	15.9%	20.9%	9.3%	18.0%	24.2%	13.4%	18.3%	11.6%	10.8%	15.8%	12.7%	16.3%
Combo 2	6.5%	7.4%	4.6%	6.6%	6.4%	7.8%	4.7%	7.6%	8.5%	5.9%	7.4%	6.7%	2.9%	7.0%	4.1%	8.6%
Combo 3	5.9%	6.1%	5.5%	6.0%	5.8%	7.0%	4.3%	7.6%	8.0%	5.2%	6.6%	6.1%	2.7%	7.0%	4.0%	8.3%
Combo 4	5.7%	5.7%	5.7%	6.1%	5.3%	6.9%	4.0%	7.0%	7.9%	5.0%	6.3%	6.2%	2.6%	7.2%	4.0%	8.1%
Combo 5	3.6%	3.7%	3.4%	3.6%	3.6%	4.2%	2.7%	2.9%	4.4%	3.3%	3.9%	4.2%	1.5%	4.8%	2.6%	5.0%
Combo 6	2.3%	2.3%	2.3%	2.6%	2.0%	3.1%	1.3%	3.5%	3.7%	1.8%	2.7%	1.3%	1.5%	3.0%	1.8%	2.9%
Combo 7	4.0%	4.1%	3.8%	4.0%	4.0%	4.5%	3.3%	4.1%	4.9%	3.7%	4.5%	4.3%	1.4%	5.2%	2.7%	5.4%
Combo 8	2.8%	2.9%	2.6%	2.8%	2.8%	3.4%	1.9%	2.9%	4.0%	2.4%	3.5%	1.2%	1.4%	2.4%	1.8%	2.3%
Combo 9	1.5%	1.5%	1.5%	1.8%	1.2%	2.0%	0.9%	1.7%	2.7%	1.1%	1.7%	0.8%	1.0%	2.4%	1.3%	1.7%
Combo 10	1.4%	1.5%	1.2%	1.7%	1.1%	1.9%	0.8%	1.2%	2.6%	1.0%	1.6%	0.8%	0.8%	2.0%	1.2%	1.5%
<b>IMA: Immunizations for Adolescents</b>																
Men.	24.6%	24.9%	23.9%	24.9%	24.2%	32.9%	14.9%	19.8%	35.6%	22.0%	26.6%	31.6%	14.0%	20.7%	17.4%	22.7%
Tdap/Td	32.5%	33.5%	30.7%	31.5%	33.6%	41.9%	21.7%	26.6%	42.3%	30.3%	35.4%	39.4%	18.4%	28.9%	23.5%	36.5%
HPV	11.9%	13.3%	9.4%	11.5%	12.4%	16.0%	7.2%	10.7%	15.0%	11.2%	12.1%	13.7%	10.3%	10.9%	10.9%	10.5%
Combo 1 (Men, Tdap)	21.9%	22.9%	20.2%	22.2%	21.7%	30.4%	12.2%	17.5%	30.5%	20.0%	23.8%	27.9%	11.7%	16.5%	15.8%	23.7%
Combo 2 (Men, Tdap, HPV)	21.3%	21.8%	20.5%	21.3%	21.4%	26.9%	14.9%	19.2%	26.7%	20.1%	23.1%	27.2%	11.4%	16.5%	15.8%	23.3%
<b>BCS: Breast Cancer Screening</b>																
Total	39.5%	41.7%	38.3%	-	39.5%	41.6%	37.0%	45.5%	40.5%	39.4%	40.6%	45.9%	18.1%	35.7%	24.7%	46.8%
50 to 64	42.2%	45.5%	40.4%	-	42.2%	44.0%	40.6%	45.5%	42.4%	42.2%	44.9%	48.0%	18.9%	34.3%	23.8%	46.8%
65 and Over	35.2%	35.9%	34.9%	-	35.2%	38.7%	29.5%	-	37.9%	35.1%	35.7%	32.4%	10.2%	37.3%	32.9%	-

Quality of Care in the SoonerCare Program – March 2018

<b>CCS: Cervical Cancer Screening</b>																
Total	42.3%	48.9%	35.2%	-	42.3%	42.7%	41.8%	54.1%	47.8%	42.1%	43.4%	45.9%	27.4%	37.7%	33.4%	58.0%
<b>CHL: Chlamydia Screening in Women</b>																
Total	57.0%	65.0%	47.2%	-	57.0%	59.2%	54.8%	53.8%	63.2%	56.2%	57.2%	68.8%	43.8%	56.9%	55.9%	58.6%
16 to 20	55.2%	63.8%	44.1%	-	55.2%	57.0%	53.5%	53.8%	61.4%	54.4%	55.9%	67.1%	42.1%	52.5%	53.4%	57.4%
21 to 24	62.1%	68.8%	55.3%	-	62.1%	65.5%	58.6%	-	69.9%	61.2%	60.8%	73.2%	51.2%	72.7%	63.6%	62.8%
<b>ASM: Use of Appropriate Medications for the Treatment of Asthma</b>																
Total	81.1%	84.1%	76.0%	84.1%	77.5%	82.0%	79.8%	88.6%	87.3%	80.2%	79.9%	81.7%	83.9%	84.0%	84.1%	81.9%
5 to 11	90.1%	93.1%	84.8%	90.2%	90.1%	89.1%	91.7%	89.5%	91.0%	89.9%	90.6%	88.0%	91.9%	93.3%	91.1%	85.6%
12 to 18	81.9%	85.5%	75.8%	84.3%	78.4%	83.7%	79.4%	90.0%	85.4%	81.4%	81.0%	83.0%	84.5%	77.6%	82.3%	80.2%
19 to 50	61.9%	62.9%	60.4%	62.2%	61.7%	62.6%	61.2%	33.3%	65.2%	61.7%	60.5%	66.6%	62.2%	50.0%	62.9%	63.2%
51 to 64	62.1%	62.4%	61.8%	59.4%	63.7%	61.6%	62.6%	-	59.5%	62.2%	64.1%	54.5%	58.2%	0.0%	65.7%	-
<b>MMA: Appropriate Medications for the Treatment of Asthma: 50% Compliance Rate</b>																
Total (5 to 64)	58.4%	60.3%	55.0%	60.8%	56.0%	57.6%	59.2%	68.0%	54.6%	59.0%	58.4%	55.7%	59.7%	68.0%	62.6%	57.0%
5 to 11	58.8%	60.4%	55.9%	60.6%	56.8%	57.6%	59.9%	71.4%	54.7%	59.8%	60.0%	54.7%	58.0%	69.0%	62.0%	54.6%
12 to 18	55.9%	58.8%	50.6%	59.1%	52.0%	55.8%	55.8%	63.8%	54.9%	56.0%	53.4%	57.1%	60.6%	65.8%	61.8%	62.0%
19 to 20	56.6%	59.6%	50.0%	60.5%	52.7%	57.3%	55.7%	0.0%	57.1%	56.1%	57.0%	59.0%	46.7%	-	50.0%	58.3%
Total (5 to 20)	57.6%	59.8%	53.7%	60.0%	54.9%	56.9%	58.2%	68.0%	54.7%	58.2%	57.3%	55.7%	58.9%	68.0%	61.8%	57.9%
19 to 50	56.6%	57.8%	54.7%	64.0%	54.5%	55.4%	59.7%	0.0%	52.5%	56.8%	58.0%	52.1%	53.2%	66.7%	62.0%	44.4%
51 to 64	73.5%	74.0%	72.8%	77.7%	71.6%	75.9%	71.5%	-	52.4%	74.2%	73.2%	69.1%	80.3%	-	76.9%	-
<b>MMA: Appropriate Medications for the Treatment of Asthma: 75% Compliance Rate</b>																
Total (5 to 64)	38.2%	39.9%	35.1%	40.1%	36.2%	37.8%	38.3%	49.6%	33.0%	39.0%	40.0%	32.8%	37.1%	39.1%	40.5%	38.1%
5 to 11	38.2%	39.5%	35.8%	39.3%	37.0%	37.5%	38.8%	46.8%	32.1%	39.6%	40.0%	33.2%	36.5%	40.2%	41.7%	36.2%
12 to 18	36.0%	37.9%	32.5%	39.5%	31.6%	36.9%	34.5%	55.3%	34.0%	36.3%	37.3%	31.3%	36.0%	39.5%	36.0%	44.6%
19 to 20	40.5%	43.1%	35.0%	44.7%	36.6%	39.3%	41.8%	0.0%	42.9%	40.0%	41.9%	41.0%	33.3%	-	40.0%	33.3%
Total (5 to 20)	37.4%	38.9%	34.5%	39.5%	34.9%	37.3%	37.1%	49.6%	32.7%	38.3%	39.0%	32.6%	36.3%	40.0%	39.6%	39.6%
19 to 50	37.0%	40.6%	31.6%	44.2%	35.0%	35.4%	41.1%	0.0%	42.4%	36.7%	38.9%	34.2%	33.0%	0.0%	36.6%	11.1%
51 to 64	53.5%	56.8%	48.7%	55.0%	52.9%	54.4%	52.8%	-	42.9%	53.8%	54.8%	39.2%	56.3%	-	63.5%	-

Quality of Care in the SoonerCare Program – March 2018

<b>CDC: Comprehensive Diabetes Care: HbA1c Testing</b>																
Total	72.8%	73.3%	72.0%	70.7%	74.0%	74.0%	71.4%	44.4%	78.8%	72.4%	77.5%	75.2%	45.3%	82.5%	48.6%	78.0%
18 to 64	71.5%	72.0%	70.6%	70.0%	72.4%	73.2%	69.5%	44.4%	78.2%	71.1%	76.3%	73.5%	45.1%	81.2%	48.2%	78.0%
65 to 75	76.7%	77.1%	76.1%	73.3%	78.3%	76.4%	77.0%	-	79.8%	76.4%	81.2%	80.3%	45.7%	83.2%	50.2%	-
<b>CDC: Comprehensive Diabetes Care: Retinal Eye Exam</b>																
Total	28.0%	30.3%	24.3%	24.0%	30.1%	30.9%	24.4%	22.2%	34.3%	27.6%	28.9%	31.9%	16.8%	45.6%	18.7%	26.0%
<b>CDC: Comprehensive Diabetes Care: LDL-C Screening</b>																
Total	64.6%	67.8%	59.7%	62.1%	66.0%	65.5%	63.6%	44.4%	68.7%	64.4%	69.2%	64.9%	38.8%	88.0%	43.3%	88.0%
18 to 64	63.9%	67.1%	58.9%	61.5%	65.3%	64.8%	62.8%	44.4%	65.4%	63.8%	67.7%	67.2%	39.6%	104.0%	43.0%	88.0%
65 to 75	66.8%	69.8%	62.2%	64.2%	68.0%	67.7%	65.8%	-	73.8%	66.2%	73.6%	58.2%	36.5%	80.3%	44.5%	-
<b>CDC: Comprehensive Diabetes Care: Medical Attention for Nephropathy</b>																
Total	53.1%	55.5%	49.4%	53.2%	53.1%	55.7%	50.1%	22.2%	59.6%	52.7%	52.0%	59.5%	52.6%	56.3%	46.4%	64.0%
<b>DEV: Developmental Screening in the First Three Years of Life</b>																
Total	16.4%	19.2%	11.3%	16.1%	16.7%	17.5%	14.9%	20.3%	16.7%	16.3%	17.0%	17.6%	10.0%	18.1%	16.8%	18.4%
0 to 12 Months	13.2%	15.2%	9.6%	13.0%	13.4%	14.3%	11.7%	18.1%	12.7%	13.4%	13.4%	15.7%	7.2%	16.7%	14.3%	15.6%
2 Years	22.3%	25.8%	16.1%	22.1%	22.6%	23.8%	20.3%	29.7%	22.0%	22.4%	23.2%	22.4%	15.6%	26.3%	22.3%	24.6%
3 Years	15.4%	18.9%	9.0%	15.0%	15.8%	16.1%	14.5%	15.8%	17.5%	14.7%	16.4%	16.0%	9.4%	11.3%	15.2%	16.6%
<b>ADD: Follow-Up Care for Children Prescribed ADHD Medication</b>																
Initiaion Phase	62.7%	64.5%	59.9%	62.4%	63.2%	65.0%	59.9%	65.4%	61.8%	62.8%	62.5%	66.9%	58.6%	40.0%	62.3%	70.1%
Continuation Phase	61.2%	64.0%	56.4%	60.5%	62.8%	63.6%	58.4%	61.0%	60.1%	61.3%	61.0%	64.7%	57.8%	38.9%	61.6%	69.4%
<b>FUH: Follow-Up After Hospitalization for Mental Illness: 7 Days After Discharge</b>																
Total	22.6%	24.7%	18.8%	22.3%	22.8%	23.4%	21.4%	24.1%	19.7%	22.9%	22.8%	20.2%	25.6%	23.1%	21.5%	24.6%
6 to 20	25.5%	27.4%	22.2%	25.5%	25.5%	26.3%	24.3%	27.4%	22.1%	25.9%	25.5%	23.1%	30.0%	27.8%	23.8%	26.7%
21 to 64	17.5%	20.1%	12.9%	15.9%	18.6%	17.9%	17.2%	12.5%	11.6%	17.9%	18.3%	15.8%	16.8%	19.0%	14.1%	17.2%
65 and Over	15.0%	15.4%	14.3%	0.0%	21.4%	27.3%	0.0%	-	0.0%	15.8%	15.0%	-	-	-	-	-
<b>FUH: Follow-Up After Hospitalization for Mental Illness: 30 Days After Discharge</b>																
Total	45.2%	49.3%	38.1%	44.3%	45.9%	45.7%	44.1%	53.8%	44.2%	45.3%	45.0%	43.7%	49.1%	38.5%	43.8%	50.7%
6 to 20	49.4%	53.1%	43.1%	48.7%	50.1%	50.3%	47.6%	60.4%	46.6%	49.8%	49.7%	47.7%	52.0%	50.0%	46.7%	54.3%
21 to 64	37.8%	42.6%	29.5%	35.5%	39.5%	36.9%	39.0%	31.3%	36.2%	37.9%	37.4%	37.8%	43.1%	28.6%	34.5%	37.9%
65 and Over	20.0%	30.8%	0.0%	0.0%	28.6%	36.4%	0.0%	-	0.0%	21.1%	20.0%	-	-	-	-	-

Quality of Care in the SoonerCare Program – March 2018

<b>FPC: Frequency of Prenatal Care: Without Global Codes</b>																	
<21%	27.1%	29.2%	23.8%	-	27.1%	27.7%	26.3%	30.3%	24.9%	27.4%	29.1%	27.2%	21.2%	27.6%	21.5%	20.1%	
21-40%	11.2%	12.3%	9.4%	-	11.2%	13.6%	8.4%	9.1%	11.1%	11.2%	11.3%	15.0%	8.4%	10.3%	9.2%	12.0%	
41-60%	3.2%	3.4%	2.9%	-	3.2%	3.7%	2.7%	1.8%	3.6%	3.1%	3.2%	4.3%	2.5%	1.3%	2.6%	4.9%	
61-80%	1.5%	1.5%	1.5%	-	1.5%	1.5%	1.5%	1.2%	2.9%	1.3%	1.6%	1.8%	1.1%	0.6%	1.0%	1.7%	
>80%	1.8%	1.9%	1.6%	-	1.8%	2.5%	0.9%	1.2%	3.4%	1.6%	1.9%	2.9%	0.9%	1.9%	1.0%	2.3%	
<b>FPC: Frequency of Prenatal Care: With Global Codes</b>																	
<21%	58.4%	60.3%	55.4%	-	58.4%	60.0%	56.7%	46.1%	55.4%	58.8%	59.8%	59.9%	53.1%	62.3%	57.1%	31.8%	
21-40%	16.6%	16.8%	16.3%	-	16.6%	19.0%	13.7%	17.0%	15.0%	16.8%	17.5%	19.2%	11.6%	18.7%	12.1%	23.8%	
41-60%	4.8%	5.6%	3.5%	-	4.8%	5.8%	3.6%	7.9%	4.6%	4.8%	4.9%	6.7%	3.0%	3.4%	3.5%	8.0%	
61-80%	2.1%	2.6%	1.3%	-	2.1%	2.3%	1.9%	1.8%	3.6%	1.9%	2.2%	2.7%	1.5%	0.8%	1.8%	3.4%	
>80%	3.4%	4.0%	2.4%	-	3.4%	4.2%	2.3%	9.1%	4.6%	3.2%	3.4%	4.8%	2.4%	4.0%	2.6%	4.0%	
<b>PCR: Postpartum Care Rate: Without Global Codes</b>																	
Total	21.8%	25.4%	16.0%	-	21.8%	19.5%	24.5%	24.8%	23.3%	21.6%	21.2%	17.9%	27.9%	16.4%	23.4%	24.6%	
<b>PCR: Postpartum Care Rate: With Global Codes</b>																	
Total	68.5%	72.4%	62.4%	-	68.5%	67.9%	69.1%	77.6%	69.5%	68.4%	69.6%	65.2%	66.6%	70.5%	66.3%	77.1%	
<b>PPC: Timeliness of Prenatal Care: Without Global Codes</b>																	
Total	23.0%	26.1%	18.0%	-	23.0%	24.4%	21.3%	21.8%	24.8%	22.7%	24.4%	24.9%	16.4%	5.7%	24.1%	22.1%	
<b>PPC: Timeliness of Prenatal Care: With Global Codes</b>																	
Total	70.8%	72.4%	68.2%	-	70.7%	73.5%	67.4%	79.4%	73.7%	70.3%	72.6%	75.4%	59.6%	76.0%	66.1%	68.8%	
<b>WCV: Well-Child Visits in the First 15 Months of Life</b>																	
0 Visits	3.7%	3.7%	3.8%	3.7%	3.8%	3.8%	3.7%	3.7%	2.5%	4.0%	3.8%	3.9%	3.9%	4.2%	3.1%	2.4%	
1 Visit	3.8%	3.9%	3.7%	3.7%	3.9%	4.0%	3.6%	3.0%	2.7%	4.1%	3.4%	5.8%	4.7%	3.9%	4.0%	2.1%	
2 Visits	4.4%	4.7%	3.9%	4.3%	4.4%	4.6%	4.2%	3.3%	3.1%	4.7%	3.6%	7.1%	7.0%	3.9%	4.7%	3.4%	
3 Visits	5.8%	5.9%	5.5%	5.8%	5.8%	6.0%	5.5%	4.1%	4.8%	6.0%	5.2%	7.7%	7.8%	3.7%	6.5%	3.2%	
4 Visits	7.2%	7.1%	7.5%	7.2%	7.3%	7.2%	7.2%	6.7%	8.4%	7.0%	5.9%	11.3%	12.2%	5.0%	8.5%	4.2%	
5 Visits	8.9%	8.6%	9.3%	8.7%	9.0%	8.6%	9.1%	14.1%	16.3%	7.2%	8.1%	11.5%	11.1%	9.7%	9.5%	8.9%	
6+ visits	66.2%	66.1%	66.3%	65.5%	66.9%	68.2%	64.2%	54.3%	66.0%	66.3%	66.4%	55.5%	60.6%	92.1%	74.1%	68.5%	
1+ visits	96.3%	96.3%	96.2%	95.3%	97.4%	98.6%	93.8%	85.5%	101.3%	95.1%	92.6%	98.9%	103.5%	118.2%	107.3%	90.3%	
<b>W34: Well-Child Visits in the 3rd to 6th Years of Life</b>																	
1+ visit	56.5%	59.0%	52.1%	56.8%	56.2%	57.4%	55.4%	49.6%	63.4%	54.5%	57.5%	54.9%	52.1%	63.9%	55.4%	58.4%	

Quality of Care in the SoonerCare Program – March 2018

<b>AWC: Adolescent Well-Care Visits</b>																	
1+ visit	23.2%	24.1%	21.8%	23.9%	22.5%	25.2%	21.1%	21.9%	28.0%	22.4%	23.8%	27.8%	15.3%	27.5%	22.1%	24.8%	
<b>MPM:Annual Monitoring for Patients on Persistent Medications</b>																	
ACE/ARB	78.7%	81.8%	72.6%	76.2%	80.3%	81.5%	76.3%	70.6%	82.1%	78.4%	82.0%	82.5%	54.2%	87.9%	52.3%	83.1%	
18-64	78.5%	81.7%	69.7%	75.7%	80.4%	81.5%	76.1%	73.3%	81.4%	78.3%	82.0%	82.6%	54.0%	87.8%	53.1%	83.1%	
65+	80.6%	96.4%	80.0%	82.8%	79.6%	81.9%	78.9%	50.0%	84.3%	79.9%	82.6%	81.9%	57.1%	87.9%	40.7%		-
Digoxin	37.9%	43.3%	29.1%	39.2%	36.6%	36.7%	39.3%	0.0%	60.0%	37.1%	44.7%	26.9%	28.6%	-	0.0%	0.0%	
18-64	38.6%	43.7%	27.5%	39.7%	37.3%	38.2%	38.9%	-	66.7%	37.9%	46.0%	26.9%	40.0%	-	0.0%	0.0%	
65+	33.3%	33.3%	33.3%	33.3%	33.3%	20.0%	41.7%	-	50.0%	31.3%	37.5%	-	-	-	-	-	-
Diuretics	79.5%	83.5%	72.4%	78.4%	80.1%	81.6%	77.5%	70.6%	82.8%	79.3%	82.7%	81.8%	52.3%	87.0%	55.2%	89.3%	
18-64	79.6%	83.4%	70.2%	78.3%	80.2%	81.6%	77.7%	75.0%	81.2%	79.5%	82.9%	81.8%	52.7%	83.9%	56.4%	89.3%	
65+	79.0%	100.0%	78.4%	79.5%	78.8%	81.7%	75.9%	0.0%	88.7%	77.6%	80.9%	82.0%	48.0%	89.1%	33.3%		-
Total	78.6%	82.1%	72.0%	76.5%	79.8%	81.1%	76.3%	68.6%	82.2%	78.3%	81.8%	81.7%	53.4%	87.6%	52.9%	85.4%	
18-64	78.5%	82.0%	69.4%	76.1%	80.0%	81.1%	76.3%	74.2%	81.2%	78.3%	81.9%	81.7%	53.5%	86.3%	53.8%	85.4%	
65+	79.3%	93.3%	78.8%	80.8%	78.7%	81.4%	77.0%	25.0%	85.3%	78.3%	81.1%	81.9%	51.6%	88.3%	38.1%		-
<b>SEAL-CH: Sealants for age 6-9 at Elevated Caries Risk</b>																	
Total	24.9%	24.9%	24.9%	25.1%	24.8%	25.6%	24.3%	19.4%	24.9%	25.0%	24.5%	27.6%	24.1%	22.8%	26.1%	26.0%	
<b>UCM:Use of Contraceptive Methods By Women Ages 15-44</b>																	
Total: FDA Approved	20.2%	21.8%	17.7%	-	20.2%	20.2%	20.2%	20.0%	20.2%	20.2%	20.2%	20.2%	20.2%	20.1%	20.1%	20.2%	
15-20	25.5%	27.0%	23.3%	-	25.5%	25.5%	25.5%	25.4%	25.5%	25.5%	25.5%	25.5%	25.5%	25.5%	25.5%	25.5%	
21-44	16.2%	17.9%	13.6%	-	16.2%	16.2%	16.2%	16.1%	16.2%	16.2%	16.2%	16.2%	16.2%	16.2%	16.2%	16.2%	
Total: LARC	5.1%	5.4%	4.6%	-	5.1%	5.1%	5.1%	4.9%	5.1%	5.1%	5.1%	5.1%	5.1%	5.0%	5.1%	5.1%	
15-20	5.4%	6.1%	4.3%	-	5.4%	5.4%	5.4%	5.2%	5.4%	5.4%	5.4%	5.4%	5.4%	5.4%	5.4%	5.4%	
21-44	4.8%	4.9%	4.7%	-	4.8%	4.8%	4.8%	4.7%	4.8%	4.8%	4.8%	4.8%	4.8%	4.8%	4.8%	4.8%	
<b>APC:Use of Multiple Concurrent Antipsychotics in Children and Adolescents</b>																	
Total	4.0%	3.3%	4.8%	9.3%	8.3%	9.5%	8.3%	8.7%	6.1%	9.2%	9.4%	8.4%	7.2%	15.8%	7.9%	8.1%	
1-5	0.9%	1.4%	-	4.5%	3.6%	7.0%	1.7%	-	-	4.5%	4.1%	-	7.1%	-	5.6%	-	
6-11	3.5%	2.7%	4.4%	8.7%	9.4%	9.6%	7.9%	10.3%	8.7%	8.9%	9.5%	6.5%	7.2%	20.0%	8.2%	8.8%	
12-17	4.5%	3.8%	5.2%	10.0%	7.7%	9.4%	8.9%	7.6%	3.9%	9.6%	9.5%	10.2%	7.1%	15.4%	7.7%	7.4%	

Quality of Care in the SoonerCare Program – March 2018

<b>IET: Initiation and Engagement of Alcohol and Other Drug Dependence Treatment</b>																	
Total (Init)	36.4%	39.1%	32.6%	36.1%	36.7%	36.2%	36.6%	36.4%	35.9%	36.5%	36.4%	36.1%	36.7%	37.0%	36.5%	36.7%	
18 to 64	36.3%	39.0%	32.6%	36.0%	36.6%	36.2%	36.5%	36.6%	35.9%	36.4%	36.3%	36.0%	36.7%	36.7%	36.5%	36.6%	
65+	36.9%	40.2%	32.9%	36.3%	37.5%	36.9%	37.0%	33.3%	35.8%	37.1%	37.0%	37.1%	36.5%	38.9%	36.4%	36.8%	
Total (Engage)	5.1%	5.7%	4.3%	5.0%	5.3%	5.1%	5.2%	2.3%	4.8%	5.2%	5.2%	5.1%	5.3%	4.3%	5.2%	4.9%	
18 to 64	2.9%	5.8%	4.5%	5.1%	5.4%	5.2%	5.3%	2.4%	4.9%	5.3%	5.3%	5.2%	5.4%	4.8%	5.2%	4.8%	
65+	2.3%	5.2%	3.0%	4.1%	4.4%	4.3%	4.2%	0.0%	3.4%	4.4%	4.2%	4.3%	4.2%	0.0%	5.2%	5.3%	
<b>LSC:Lead Screening in Children</b>																	
Total	56.3%	60.5%	52.4%	56.3%	56.4%	56.4%	56.3%	55.8%	56.3%	56.3%	56.4%	56.3%	56.3%	56.2%	56.3%	56.3%	
<b>CCP:Contraceptive Care - Postpartum Women Ages 15-44 (Total)</b>																	
Total: FDA Approved	19.5%	21.0%	17.1%	-	19.5%	19.5%	19.5%	18.0%	19.5%	19.5%	19.5%	19.4%	19.5%	18.9%	19.5%	19.3%	
15-20	24.5%	26.3%	21.6%	-	24.5%	24.5%	24.6%	23.1%	24.5%	24.5%	24.6%	24.5%	24.5%	23.9%	24.5%	24.4%	
21-44	15.8%	17.1%	13.7%	-	15.8%	15.8%	15.8%	14.3%	15.8%	15.8%	15.8%	15.7%	15.8%	15.2%	15.7%	15.6%	
Total: LARC	5.0%	5.5%	4.3%	-	5.0%	5.0%	5.0%	5.7%	5.0%	5.0%	5.1%	5.0%	5.0%	4.5%	4.9%	4.8%	
15-20	5.3%	6.3%	3.8%	-	5.3%	5.3%	5.3%	5.8%	5.3%	5.3%	5.4%	5.2%	5.3%	4.8%	5.3%	5.0%	
21-44	4.8%	4.9%	4.7%	-	4.8%	4.8%	4.8%	5.7%	4.8%	4.8%	4.9%	4.9%	4.8%	4.3%	4.7%	4.6%	
<b>CCP:Contraceptive Care - Postpartum Women Ages 15-44 (within 3 days)</b>																	
Total: FDA Approved	4.6%	5.3%	3.5%	-	4.6%	4.6%	4.6%	4.1%	4.6%	4.6%	4.6%	4.6%	4.6%	4.6%	4.3%	4.6%	4.5%
15-20	6.1%	6.5%	5.6%	-	6.1%	6.1%	6.2%	5.8%	6.1%	6.1%	6.2%	6.1%	6.1%	5.7%	6.1%	6.0%	
21-44	3.5%	4.5%	1.8%	-	3.5%	3.5%	3.5%	2.9%	3.5%	3.5%	3.5%	3.4%	3.5%	3.2%	3.4%	3.4%	
Total: LARC	1.5%	1.6%	1.3%	-	1.5%	1.4%	1.4%	3.3%	1.4%	1.5%	1.5%	1.4%	1.4%	1.2%	1.4%	1.3%	
15-20	1.5%	1.7%	1.1%	-	1.5%	1.5%	1.5%	3.8%	1.5%	1.5%	1.6%	1.4%	1.4%	1.4%	1.4%	1.4%	
21-44	1.4%	1.4%	1.4%	-	1.4%	1.4%	1.4%	2.9%	1.4%	1.4%	1.4%	1.4%	1.4%	1.1%	1.3%	1.2%	
<b>CCP:Contraceptive Care - Postpartum Women Ages 15-44 (within 60 days)</b>																	
Total: FDA Approved	14.9%	15.7%	13.6%	-	14.9%	14.9%	14.9%	13.9%	14.9%	14.9%	14.9%	14.9%	14.9%	14.7%	14.9%	14.9%	
15-20	18.4%	19.9%	16.0%	-	18.4%	18.4%	18.4%	17.3%	18.4%	18.4%	18.4%	18.4%	18.3%	18.2%	18.4%	18.4%	
21-44	12.3%	12.6%	11.8%	-	12.3%	12.3%	12.3%	11.4%	12.3%	12.3%	12.3%	12.3%	12.3%	12.1%	12.3%	12.2%	
Total: LARC	3.6%	3.9%	3.1%	-	3.6%	3.6%	3.6%	2.5%	3.6%	3.6%	3.6%	3.6%	3.6%	3.3%	3.6%	3.5%	
15-20	3.8%	4.5%	2.7%	-	3.8%	3.8%	3.8%	1.9%	3.8%	3.8%	3.8%	3.7%	3.8%	3.3%	3.8%	3.6%	
21-44	3.4%	3.5%	3.3%	-	3.4%	3.4%	3.4%	2.9%	3.4%	3.4%	3.4%	3.5%	3.4%	3.2%	3.4%	3.4%	

Quality of Care in the SoonerCare Program – March 2018

APP: Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics																	
Total	53.3%	55.3%	49.5%	53.2%	53.3%	53.3%	53.3%	54.3%	53.2%	53.3%	53.3%	53.2%	53.3%	53.4%	53.4%	52.9%	
1-5	54.9%	55.8%	53.2%	54.1%	55.6%	54.9%	54.8%	-	55.0%	54.9%	55.8%	50.0%	57.1%	50.0%	60.0%	40.0%	
6-11	53.9%	55.5%	51.0%	53.9%	53.9%	53.9%	53.9%	53.3%	53.8%	53.9%	53.9%	54.0%	53.8%	54.0%	53.8%	53.6%	
12-17	52.7%	55.1%	48.4%	52.7%	52.8%	52.7%	52.7%	55.0%	52.6%	52.8%	52.7%	52.8%	52.7%	53.0%	53.0%	52.7%	
FUA: Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence: 7 Days After Discharge																	
Total	34.9%	35.3%	34.8%	34.8%	35.0%	34.9%	35.0%	33.3%	34.7%	35.0%	35.0%	35.5%	34.9%	31.6%	34.6%	33.8%	
18 to 64	34.9%	35.4%	34.7%	34.8%	35.0%	34.9%	34.9%	33.3%	34.6%	34.9%	35.0%	35.1%	35.1%	32.4%	34.5%	33.8%	
65 and Over	35.7%	33.3%	36.6%	35.6%	35.8%	34.6%	37.0%	-	35.7%	35.7%	35.9%	41.7%	30.0%	0.0%	37.5%	33.3%	
FUA: Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence: 30 Days After Discharge																	
Total	42.3%	42.9%	42.2%	42.5%	42.2%	42.3%	42.4%	33.3%	42.8%	42.3%	42.3%	43.2%	42.6%	42.1%	41.7%	41.6%	
18 to 64	42.3%	42.8%	42.1%	42.4%	42.3%	42.3%	42.4%	33.3%	42.8%	42.2%	42.3%	42.8%	42.7%	40.5%	41.9%	41.9%	
65 and Over	42.9%	44.4%	42.3%	44.4%	41.5%	42.3%	43.5%	-	42.9%	42.9%	42.2%	50.0%	40.0%	100.0%	37.5%	33.3%	
FUM: Follow-Up After Emergency Department Visit for Mental Illness: 7 Days After Discharge																	
Total	29.6%	31.3%	29.1%	29.5%	29.7%	29.6%	29.6%	27.3%	29.3%	29.7%	29.8%	29.2%	29.5%	28.3%	29.6%	29.0%	
18 to 64	29.5%	31.2%	29.1%	29.5%	29.5%	29.6%	29.5%	27.3%	29.3%	29.6%	29.6%	29.4%	29.4%	29.5%	29.5%	29.5%	
65 and Over	30.6%	32.3%	30.1%	29.5%	31.5%	30.6%	30.6%	-	30.0%	30.7%	33.0%	25.0%	30.8%	0.0%	30.0%	20.0%	
FUM: Follow-Up After Emergency Department Visit for Mental Illness: 30 Days After Discharge																	
Total	48.9%	49.8%	48.6%	48.8%	48.9%	48.9%	48.9%	45.5%	48.6%	48.9%	49.0%	48.8%	48.7%	47.8%	48.9%	48.4%	
18 to 64	48.7%	49.9%	48.3%	48.6%	48.7%	48.7%	48.7%	45.5%	48.5%	48.7%	48.7%	48.7%	48.4%	47.7%	48.9%	48.9%	
65 and Over	52.2%	48.4%	53.4%	52.5%	52.1%	51.4%	53.2%	-	50.0%	52.6%	53.4%	50.0%	53.8%	50.0%	50.0%	40.0%	

- “Other” for county geography refers to members with a county code defined as “Out of State” or “State Office”









